Rhinestone Golf
MK Sales
714 Cadillac Drive
Scott Valley, CA 95066
831-588-2934

BUSINESS CREDIT APPLICATION

_____
Company Name **Type of Business** **Phone Number** **Fax Number**

_____ _____
Billing Address **Shipping Address**

_____ _____
City State Zip **City State Zip**

Type of Ownership: **Corporation** **Partnership** **Sole proprietor** **Years in business:** _____

Government **Non-Profit** **Tax Exempt? Yes No**
(If yes, please include resale card with application)

Parent company names (If different than above): _____

_____
Address **Fax Number**

_____
City State Zip

Bank References

1. _____
Name **Phone Number** **Fax Number**
Account Number_____ **Contact:** _____
2. _____
Name **Phone Number** **Fax Number**
Account Number _____ **Contact:** _____

Open Accounts References

1. _____
Name **Phone Number** **Fax Number**
_____
Address **City** **State** **Zip**
2. _____
Name **Phone Number** **Fax Number**
_____
Address **City** **State** **Zip**

Buyer E-Mail:_____

AUTHORIZED SIGNATURE: _____ **DATE:** _____

PRINT NAME: _____ **TITLE:** _____

Inter Office Use Only **DATE:** ____/____/____
CREDIT LIMIT: _____ **APPROVED BY:** _____