



Golf Equipment Finance

A Textron Company

Phone: (866) 742-7385
 Fax: (866) 608-1847

THIS APPLICATION IS FOR USE BY U.S. ENTITIES AND RESIDENTS ONLY
 PLEASE COMPLETE ALL AREAS ON THE APPLICATION (PRINT OR TYPE IF FAXING OR SUBMITTING BY MAIL)

BUSINESS LEGAL NAME			CONTACT PERSON/TITLE			PHONE			
FAX		EMAIL ADDRESS		DATE & STATE OF INCORPORATION			FEDERAL ID #		
ADDRESS (STREET)			CITY		STATE		COUNTY ZIP		
BILLING ADDRESS (IF DIFFERENT)			CITY		STATE		COUNTY ZIP		
LOCATION OF EQUIPMENT (STREET)			CITY		STATE		COUNTY ZIP		
YEARS IN OPERATION	YEARS UNDER CURRENT OWNERS	<input type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE	<input type="checkbox"/> SEMI-PRIVATE <input type="checkbox"/> OTHER	<input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> INVESTOR OWNED CORPORATION	<input type="checkbox"/> MEMBER OWNED CORPORATION <input type="checkbox"/> OTHER	NUMBER OF HOLES OPEN TO PLAY	NUMBER OF MEMBERS (IF PRIVATE)		
TAX EXEMPT? <input type="checkbox"/> YES <input type="checkbox"/> NO				IS APPLICANT LEASING THE GOLF COURSE OR OPERATING AS A CONCESSION? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, LANDLORDS NAME AND ADDRESS:					
IF YES, PLEASE ATTACH A COPY OF RESALE CERTIFICATE									
HAS THIS ENTITY OR ANY RELATED AFFILIATES EVER FILED BANKRUPTCY? <input type="checkbox"/> YES <input type="checkbox"/> NO			IS THIS ENTITY, OR ANY RELATED AFFILIATES A DEFENDANT IN ANY LEGAL ACTION? <input type="checkbox"/> YES <input type="checkbox"/> NO			PLEASE PROVIDE THE APPROXIMATE MONTHLY EXPENSES FOR THIS ENTITY: \$			
NAMES OF OFFICERS/MEMBERS/PARTNERS/OWNER(S)			HOME ADDRESS OF GUARANTORS			TITLE		SOCIAL SECURITY NUMBER	
NAME:									
% OWNED:									
NAME:									
% OWNED:									
NAME:									
% OWNED:									
NAME OF PARENT CO. IF SUBSIDIARY			PARENT COMPANY ADDRESS						
COMPLETE SECTION B FOR ALL BUSINESS CREDIT									
BANK REFERENCES:					ADDRESS(ES)				
BANK NAME					STREET		CITY		STATE ZIP PHONE ()
ACCOUNT NUMBER		<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS		<input type="checkbox"/> LOAN <input type="checkbox"/> OTHER		OFFICER			
BANK NAME					STREET		CITY		STATE ZIP PHONE ()
ACCOUNT NUMBER		<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS		<input type="checkbox"/> LOAN <input type="checkbox"/> OTHER		OFFICER			

NOTE: PLEASE ATTACH A SEPARATE SHEET IF YOU WISH TO PROVIDE ADDITIONAL INFORMATION

Have you previously financed equipment with Textron Financial Corporation? Yes No
 If yes, under what legal name? _____ Account Number _____

The undersigned authorized individual(s), represents that the information provided by the "Credit Applicant" to TEXTRON INC, and all subsidiaries thereof including but not limited to Textron Financial Corporation (collectively, "Textron") is true and correct. In the event of credit approval from Textron, Credit Applicant hereby grants a security interest in the property to be financed by Textron and agrees that Textron may file a UCC Financing Statement with respect to such property. Authorization is hereby given to all credit reporting agencies, banks and other companies to release credit and financial information to Textron from time to time, which Textron deems necessary to establish and maintain credit. Credit Applicant agrees to provide or will cause its principals to provide any additional information upon request, in a form acceptable to Textron.

Signed this _____ day of _____, 20____.

 Authorized Officer/Owner

 Authorized Officer/Owner

Notice: The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided that applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protecting Act. The Federal agency that administers compliance with this law concerning this creditor is Federal Trade Commission, Equal Credit Opportunity, Washington D.C. 20580. This is to advise you that if your application for business credit is denied, you have the right to a written statement of the specific reasons for denial. To obtain the statement, please contact the office listed above within sixty (60) days from the date you are notified of our decision. We will send you a written statement of the reasons for the denial within thirty (30) days of your request for the statement.