

DEALER INFORMATION

Dealer	Sales Person	Cell phone
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COMPANY INFORMATION

Full legal name of company			Financial Contact Person		
Course Name or d/b/a			Phone	Cell Phone	
Company Address			Fax		
State		Zip Code	E-mail address		
Billing Address (if different than above)			AP Contact Person		
City	State	Zip Code	Superintendent's Name		Phone #
Equipment Address (include county and state where Equipment will be kept)		County	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Proprietorship
			<input type="checkbox"/> Sub S Corporation	<input type="checkbox"/> Municipality	<input type="checkbox"/> LLC
			<input type="checkbox"/> Other (please specify) _____		
City	State	Zip Code	DUNS# (if applicable)		Federal Tax ID#
Ownership Structure <input type="checkbox"/> Member owned <input type="checkbox"/> Management Group Name: _____			<input type="checkbox"/> Privately Owned # of Owners: _____		Years In Business
					Years Under Current Owner
Not Applicable to Commercial Applications Type of Course: <input type="checkbox"/> Private <input type="checkbox"/> Semi - Private <input type="checkbox"/> Daily Fee		Not Applicable to Commercial Applications # of Holes _____ # of Members _____		Initiation Fee _____	
		Annual Dues _____ Annual Rounds _____		Greens Fees _____	

LOCATION OF CHIEF EXECUTIVE OFFICE: CITY _____ STATE _____

PRINCIPAL/OWNERSHIP INFORMATION

**** ANY INDIVIDUAL OR ENTITY WITH 25% OR MORE OWNERSHIP OR CONTROLLING INTEREST IN APPLICANT MUST COMPLETE THIS SECTION IN ITS ENTIRETY ****

Owner/officer(s) - Full Legal Name (Last, First, Middle)		Date of Birth		Owner/officer(s) - Full Legal Name (Last, First, Middle)		Date of Birth					
Social Security Number / Tax ID		Title		Social Security Number / Tax ID		Title					
Address (including Country of Residence)			% of Owner			Address (including Country of Residence)			% of Owner		
City	State	Zip Code	City	State	Zip Code	City	State	Zip Code			
Owner/officer(s) - Full Legal Name (Last, First, Middle)		Date of Birth		Owner/officer(s) - Full Legal Name (Last, First, Middle)		Date of Birth					
Social Security Number / Tax ID		Title		Social Security Number / Tax ID		Title					
Address (including Country of Residence)			% of Owner			Address (including Country of Residence)			% of Owner		
City	State	Zip Code	City	State	Zip Code	City	State	Zip Code			

IF YOU INTEND TO APPLY FOR JOINT CREDIT, APPLICANT AND CO-APPLICANT PLEASE INITIAL HERE: Applicant _____ Co-Applicant _____

EQUIPMENT INFORMATION

Term <input type="checkbox"/> 24 <input type="checkbox"/> 36 <input type="checkbox"/> 48 <input type="checkbox"/> 60 <input type="checkbox"/> Other _____	Purchase Option: <input type="checkbox"/> FMV <input type="checkbox"/> Loan <input type="checkbox"/> Other _____
Annual Hour Limits <input type="checkbox"/> 600 <input type="checkbox"/> 900 <input type="checkbox"/> Other _____	Equipment located <input type="checkbox"/> Inside City Limits <input type="checkbox"/> Outside City Limits
Equipment cost: \$ _____ *Please attach quotation from dealer(s)	Payment Schedule: <input type="checkbox"/> Monthly <input type="checkbox"/> Seasonal _____ (please indicate months)

You, the "Applicant" (which term includes the business entity as well as the undersigned individual(s)), certify to us that Applicant is applying for credit for business reasons, and not for personal, family or household purposes. By signing below, I, whether signing individually as an Applicant, Co-Applicant or guarantor or as officer, partner or manager of the Applicant or Co-Applicant and whether or not I am personally liable for any credit: (1) affirm that the information provided in this application is true and correct and given for the purpose of obtaining credit; (2) instruct and authorize DLL Finance LLC and/or its affiliates and related parties ("DLL") to check credit, contact references, and verify listed employment history and answer questions about DLL's credit experience with Applicant, Co-Applicant and me and hereby authorize all references listed above to release any and all such information to DLL; (3) instruct and authorize DLL to obtain consumer credit reports on me, in DLL's sole discretion, as part of this application and while any credit granted as a result of this application remains unpaid; (4) authorize and direct DLL to share the results of any credit report, credit investigation or employment investigation (including the information contained in this application) with any dealer, manufacturer or other person assisting me in attempting to obtain an extension of credit (a "Dealer"); (5) authorize and direct DLL to use any such results to determine if I qualify for an offer of credit; (6) authorize and direct DLL to notify a Dealer about whether I qualify for any offers and the details of any such offers; (7) acknowledge that DLL may retain any information obtained as part of the application process whether or not the requested credit is granted; (8) authorize DLL to prepare and file against Applicant, Co-Applicant and/or me, a financing statement in form and substance acceptable to DLL sufficient to perfect a security interest in collateral arising in connection with financing applied for herein; (9) authorize DLL to provide information about this transaction to others for the purpose of initiating, monitoring and servicing my account; and (10) authorize DLL to give a copy of this application to anyone who has agreed to pay debts incurred on the basis of this application. If DLL extends credit as a result of this application, I agree that (a) DLL may monitor and record telephone calls regarding the account created to assure the quality of services or for other reasons; (b) DLL may use automatic dialing equipment while servicing or collecting the account, as allowed by law; and (c) DLL may contact me using any telephone number or email address I provide to DLL or using any telephone number or email address DLL obtains from another source, even if the number is for a mobile telephone. I consent to DLL sharing with others information concerning me and DLL's decision whether or not to extend credit, if any, in accordance with applicable law. For additional information about our privacy practices, please review our privacy statement at dlgroup.com/us/privacy.

Applicant

Co-Applicant

Signature (Individual)	Date	Signature (Individual)	Date
Signature	Date	Signature	Date
(Indicate Partner/Officer/Manager/Guarantor)		(Indicate Partner/Officer/Manager/Guarantor)	