

Name of Facility: _____

Address: _____ City: _____ State: _____ ZIP: _____

Mailing Address (if different from above):

Address: _____ City: _____ State: _____ ZIP: _____

Website: _____ Phone: _____ Federal ID #: _____

Billing Contact: _____ Title: _____ Email: _____

Mail checks/updates to: _____ Title: _____ Email: _____

General Manager: _____ Email: _____

Controller: _____ Email: _____

Executive Chef: _____ Email: _____

F&B Manager: _____ Email: _____

Superintendent: _____ Email: _____

Golf Professional: _____ Email: _____

Golf Cart Manufacturer: _____ Next Lease/Purchase Date: _____ No. Cars: _____

Turf Equipment Used: _____ Next Lease/Purchase Date: _____

CHECK ALL THAT APPLY:

Golf Course Open: Year-Round Seasonal (specify) _____

Restaurant Open: Year-Round Leased No F&B Deliveries Seasonal (specify) _____

By submitting this form, Member authorizes ClubProcure to offset any earned rebates against outstanding sums due to ClubProcure.

Authorized Signature: _____

Title: _____ Date: _____

INTERNAL USE ONLY:		
Annual ClubProcure membership dues:		
\$500	\$1,000	Other: _____

PLEASE SEND COMPLETED APPLICATION TO:

Fax: **800-711-7785**
Email: Contact@clubprocure.com

Mailing Address:
ClubProcure
P.O. Box 1707
Waterloo, IA 50704