

INDIVIDUAL FACILITY APPLICATION

Name	e 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:		
Cont	roller:		Email <u>:</u>		
Executive Chef:			Email:		
F&B Manager:			Email:		
Superintendent:			Email:		
Golf Professional:			Email:		
Golf Cart Manufacturer:		Next Lease/Purchase	Pate:No. Car	rs:	
Turf Equipment Used:			Next Lease/Purchase	Date:	
CHECK ALL THAT APPLY:					
Golf Course Open: O Year-Round Seasonal (specify)					
Restaurant Open: Year-Round Leased No F&B Deliveries Seasonal (specify)					
-	bmitting this form, M o ClubProcure.	lember authorizes C	lubProcure to offset any	earned rebates against c	outstanding sums
Auth	orized Signature:				
Title: Date:					
INTERNAL USE ONLY: Annual ClubProcure membership dues:					
	\$500	\$1,000	Other:		

PLEASE SEND COMPLETED APPLICATION TO:

Email:Contact@clubprocure.com

Mailing Address:

ClubProcure 1111 W San Marnan Dr STE A3 Waterloo, IA 50704