Broadlands Golf Club, LLC

18 Augusta Way North Prairie, WI 53153 Phone: (262) 392-6320 Fax: (262) 392-6324

Charge Account Credit Application

Name of person responsible for payment (Customer)		Date	Date	
Address		Phone		
City	State	Zip Code		
E-mail address				
Names of others authorized to charge on this ac	ccount			
Please select preferred form of payment for	or account:			
Bill me each month (balance is payab Automatically charge my credit card f			atement.	
Amex, Visa, MasterCard or Discover number-	REQUIRED	Authorization Code	Expiration Date	
Billing Address of credit card	City	State	Zip	
Name as printed on credit card (print)		Signature authorizing payment by credit card		
Personal Guarantee In consideration of the extension of cundersigned jointly and severally guabalances and accounts due Seller from shall be an open and continuing guaraform of indebtedness, renewals or extand until expressly revoked by written	rantees to pay and in Customer, inclu- antee and shall contensions granted b	I be responsible for all paymeding collection charges and/ontinue in force notwithstanding the Seller, without obtaining	ents of all sums, or attorney fees. This ng any change in the	
Signature of Customer		 Date		