

## Individual Facility Application

Name of Facility \_\_\_\_\_ Date \_\_\_\_\_  
(Corporate Name or DBA, if applicable)

Billing Contact/Title \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Web site \_\_\_\_\_ e-mail \_\_\_\_\_

Federal Course ID # \_\_\_\_\_ CMAA # (If Applicable) \_\_\_\_\_ Who referred you to VGM Club? \_\_\_\_\_

General Manager \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_ e-mail \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
(If different than above)

Golf Professional \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_ e-mail \_\_\_\_\_

Superintendent \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_ e-mail \_\_\_\_\_

F&B Mgr./Chef \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_ e-mail \_\_\_\_\_

Other Contact \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ e-mail \_\_\_\_\_

Golf Car Mfg. \_\_\_\_\_ Date of Next Lease/Purchase \_\_\_\_\_ No. Cars Leased \_\_\_\_\_ No. Cars Owned \_\_\_\_\_

Course Maintenance Budget \_\_\_\_\_ Turf Equipment Co. \_\_\_\_\_ Next Lease/Purchase Date \_\_\_\_\_

Turf Care Distributor and Annual Cost \$ \_\_\_\_\_ Annual Golf Shop Merchandise Cost \$ \_\_\_\_\_

No. Rounds/Yr \_\_\_\_\_ Season: Open \_\_\_\_\_ Closed \_\_\_\_\_

No. of Holes \_\_\_\_\_ Public \_\_\_\_\_ Muni \_\_\_\_\_ Private \_\_\_\_\_ Semi-private \_\_\_\_\_ Resort \_\_\_\_\_ Range Only \_\_\_\_\_ Driving Range \_\_\_\_\_ Pool \_\_\_\_\_

Fitness Center \_\_\_\_\_ Spa \_\_\_\_\_ No. of Tennis Courts \_\_\_\_\_ Tennis Shop \_\_\_\_\_ No. of Overnight Rooms \_\_\_\_\_

**Types of Food & Beverage available** (check all that apply): \_\_\_\_\_ Annual Food Cost: \$ \_\_\_\_\_

Snack Bar/Halfway House \_\_\_\_\_ Full Service/Lunch \_\_\_\_\_ Fine Dining \_\_\_\_\_ Banquets \_\_\_\_\_ Golf Outings \_\_\_\_\_ Casual Dining \_\_\_\_\_

**We wish to join VGM Club as:**

Driving Range/ 9 Hole Facility (\$240) \_\_\_\_\_ 18 Hole w/No F&B (\$480) \_\_\_\_\_ 18 Hole Facility (\$720) \_\_\_\_\_ City/Athletic/Yacht/Tennis Club (\$720) \_\_\_\_\_

**By signing this application**, Member hereby authorizes VGM Club to offset any sums due Member, from VGM Club, against any unpaid sums due VGM Club.

Authorized Signature \_\_\_\_\_ Title \_\_\_\_\_

Main Contact \_\_\_\_\_ Title \_\_\_\_\_  
(Will receive updates/mailings and handle distribution of the same)

Fax to: **1-800-711-7785** or e-mail us at: **vgmclub@vgm.com**

Mail to: **VGM Club, P.O. Box 1707, Waterloo, IA 50704**. Visit our Web site at: **www.vgmclub.com**

The information on this application will allow us to better serve the needs of your facility and we appreciate your cooperation in completing this as thoroughly as possible.



# VGM Club Cash Back Advantage

Fax to: VGM Club 800-711-7785



Club Name \_\_\_\_\_ Federal ID #\*\* \_\_\_\_\_

Management Group Name, if applicable \_\_\_\_\_

Name of Club Manager \_\_\_\_\_ e-mail \_\_\_\_\_

Name of Chef \_\_\_\_\_ e-mail \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ VGM Member # \_\_\_\_\_

Season: Months Open \_\_\_\_\_ Months Closed \_\_\_\_\_

Foodservice Distributor \_\_\_\_\_ Weekly distributor purchases \$ \_\_\_\_\_ No. of deliveries per week 1 2 3 4

Primary Distributor \_\_\_\_\_ Branch \_\_\_\_\_ Account #\* \_\_\_\_\_

Secondary Distributor \_\_\_\_\_ Branch \_\_\_\_\_ Account # \_\_\_\_\_

Secondary Distributor \_\_\_\_\_ Branch \_\_\_\_\_ Account #\* \_\_\_\_\_

\*You will normally find the account number on the upper left or right side of your invoices

If no Foodservice Distributor, please complete:  
 No Food Service Provided at Facility \_\_\_\_\_ Snack Bar Only \_\_\_\_\_  
 Use Cash & Carry \_\_\_\_\_ Restaurant/Foodservice Leased\* \_\_\_\_\_  
\*Backside rebates may still be available. Call for details.

Please provide a copy of one invoice from each of your distributors to eliminate any data entry errors.

Smallwares Supplier : Weekly purchase volume \$ \_\_\_\_\_

Primary Supplier \_\_\_\_\_ Location \_\_\_\_\_ Customer # \_\_\_\_\_

Secondary Supplier \_\_\_\_\_ Location \_\_\_\_\_ Customer # \_\_\_\_\_

**Specialty Suppliers:**

Fresh Produce Supplier \_\_\_\_\_ Location \_\_\_\_\_ Customer # \_\_\_\_\_

Fresh Meat Supplier \_\_\_\_\_ Location \_\_\_\_\_ Customer # \_\_\_\_\_

Bakery Supplier \_\_\_\_\_ Location \_\_\_\_\_ Customer # \_\_\_\_\_

Fresh Seafood Supplier \_\_\_\_\_ Location \_\_\_\_\_ Customer # \_\_\_\_\_

Fluid Dairy Supplier \_\_\_\_\_ Location \_\_\_\_\_ Customer # \_\_\_\_\_

Coffee/Tea Supplier \_\_\_\_\_ Location \_\_\_\_\_ Customer # \_\_\_\_\_

Soft Drink Supplier \_\_\_\_\_ Location \_\_\_\_\_ Customer # \_\_\_\_\_

Are you a part of a National Foodservice Distribution Program?  
 Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, with whom? \_\_\_\_\_  
 Program (i.e. Avendra, Entegra, PAPC, Sysco Rewards, etc.): \_\_\_\_\_

I authorize VGM Club to collect rebates on my behalf to be distributed quarterly.  
 Club to off set any sums due to Member from VGM Club against any sums due to VGM Club.

By submitting this form, Member hereby authorizes VGM

Signature\*\* \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

\*\*NOTE: Federal ID# and Signature are mandatory for rebate checks to be issued.