



One Leo Fraser Dr., Northfield, NJ 08225 | ottingergolf.com

Atlantic City CC: 609-236-4400 | Ballamor GC: 609-601-6220 | Scotland Run GC: 856-863-3737

BUSINESSMAX MEMBERSHIP APPLICATION

Company Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Fax: _____

Website URL: _____

Primary Email Contact: _____

How Long In Business: _____

Title or Position: _____

Federal Tax ID#: _____

Business Property: Leased Mortgaged Owned No. of Employees: _____

Describe Business: _____

Principle First Name: _____ Middle Initial: _____ Last Name: _____

Title: _____

Date of Birth: ____/____/____ Social Security Number: _____ - _____ - _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ E-mail: _____

Driver's License #: _____

Credit Card #: _____ Expiration Date: ____/____/____ Security Code: _____

Type of Card: _____



scotlandrun.com



accountryclub.com



ballamor.com

IF CORPORATION OR PARTNERSHIP

List names of Corporate Officers with COMPLETE home addresses (including zip codes) and telephone numbers, and each officer's social security number.

First Name: _____ Middle Initial: _____ Last Name: _____

Title: _____

Date of Birth: ____ / ____ / ____ Social Security Number: _____ - _____ - _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ E-mail: _____

First Name: _____ Middle Initial: _____ Last Name: _____

Title: _____

Date of Birth: ____ / ____ / ____ Social Security Number: _____ - _____ - _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ E-mail: _____

First Name: _____ Middle Initial: _____ Last Name: _____

Title: _____

Date of Birth: ____ / ____ / ____ Social Security Number: _____ - _____ - _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ E-mail: _____

First Name: _____ Middle Initial: _____ Last Name: _____

Title: _____

Date of Birth: ____ / ____ / ____ Social Security Number: _____ - _____ - _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ E-mail: _____

BANK REFERENCES

Bank Name: _____

Bank Officer Name: _____

Bank Address: _____

Account Name: _____

Account Number: _____

Type of Account: _____

Bank Name: _____

Bank Officer Name: _____

Bank Address: _____

Account Name: _____

Account Number: _____

Type of Account: _____

Bank Name: _____

Bank Officer Name: _____

Bank Address: _____

Account Name: _____

Account Number: _____

Type of Account: _____

Bank Name: _____

Bank Officer Name: _____

Bank Address: _____

Account Name: _____

Account Number: _____

Type of Account: _____

Bank Name: _____

Bank Officer Name: _____

Bank Address: _____

Account Name: _____

Account Number: _____

Type of Account: _____

TRADE REFERENCES

Please indicate name, complete address, phone number, account number for at least (3) trade suppliers.

1: _____

2: _____

3: _____

4: _____

5: _____

The undersigned applicant represents and warrants that the above information given for the purpose of obtaining membership and credit is true and correct. Applicant agrees to NET 30 DAY payment terms. Applicant understands that a finance charge of one and a half percent (1 ½ %) per month will be applied to all past due balances. Membership will be placed on inactive status should invoices remain open longer than 30 days. In the event that it is necessary to refer a past due balance to an attorney for collection, undersigned will also be responsible for the payment of reasonable attorney's fees and expenses.

Principle Signature: _____

PERSONAL GUARANTEE OF PRINCIPLE

In consideration of the extension of credit to the above applicant, I hereby agree to be unconditionally and personally and severally responsible for payment of all invoices charged to the above applicant, plus payment of all interest charges and attorney's fees and expenses incurred in this account. In addition, I authorize use of the above listed credit card to be used for payment of all invoices that remain 60 days or more past due.

Principle Signature*: _____

Principle Name (print): _____ Date: ____ / ____ / ____

*Must be same individual as indicated on page 1.

ADDITIONAL TERMS AND CONDITIONS

The applicant hereby applies for a membership in the Ottinger Golf Group Family of Golf Courses (hereinafter referred to as OGG) This application will not be acted upon unless fully completed, signed and accompanied by a check for the required dues. The applicant understands that membership in the OGG and any privileges to use the OGG facilities shall terminate as defined herein and that the fees and charges applicable to membership are subject to change, from time to time. Membership is contingent upon approval by the OGG, which approval shall be in the OGG's sole and absolute discretion. Applicants who comply with the requirements hereof shall be notified by the OGG of the action taken by the OGG on this application. It is agreed that if this Application is not acted upon favorably, or if membership quotas are filled, all funds deposited herewith shall be refunded immediately without interest and this Application shall become null and void.

Membership privileges may be terminated for failure to abide by membership conditions.

The applicant may resign from the OGG by giving written notice to the OGG. Any dues and other charges for which the applicant is liable are due and payable upon the effective date of resignation.

The applicant acknowledges that the use of the OGG's facilities and any privilege or service incident to membership in the OGG is voluntary and that any use or acceptance of any service or privileges incident to membership is undertaken with the knowledge of the risk of possible injury. The applicant hereby accepts any and all risk of injury to the member, member's guests and family members sustained while using the OGG's facilities or involved in any event or activity incident to membership in the OGG. In accepting this risk of injury, the applicant understands that he or she is relieving the OGG and those employed by or affiliated with the OGG from any and all loss, cost, claims, injury, damage, or liability sustained or incurred by the member, member's guests and family members resulting from or arising out of any conduct or event connected with membership in the OGG and use of any of the OGG facilities.

The applicant hereby acknowledges that membership in the OGG is not an investment in the OGG, nor does it provide an equity or ownership in the OGG's facilities which are owned solely by the OGG. Membership in the OGG does not confer upon the applicant a vested or prescriptive right or easement to use the OGG's facilities. The OGG reserves the right, in its sole and absolute discretion, to restrict or to otherwise reserve the OGG's facilities for maintenance, tournament play and other special events from time to time. The applicant understands that a member has no right to vote or to otherwise become involved in the management of the OGG. The payment of the fees, dues, state taxes, service charges, personal and other charges established by the OGG from time to time is required to acquire and maintain membership privileges. With the exception of these membership charges, members are not subject to any liability or assessment for the costs and expenses of ownership or management of the OGG or its facilities.

Signature: _____ Date: ____ / ____ / ____

Amount Enclosed: \$ _____

Please refer to Membership Offerings Brochure for dues schedule and enclosed check for the appropriate amount. Should you have any questions regarding membership, please contact the General Manager at any one of our clubs.

AUTHORIZATION FOR THE RELEASE OF CREDIT INFORMATION

To: (Bank Name) _____

We/I, _____,

have made application for credit to Ottinger Golf Group. We/I hereby authorized you to release

information respecting our account(s) numbered _____

to Ottinger Golf Group, One Leo Fraser Dr., Northfield, NJ 08225. Thank you.

Authorized Signature: _____ Date: ____/____/____



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MEMBER ACCOUNT CHARGE PRIVILEGES AND CREDIT CARD ENROLLMENT AUTHORIZATION

_____ (INITIAL PLEASE) The undersigned hereby acknowledges and agrees that he/she will be responsible for all balances due on the Member Account arising from any and all fees or charges posted to Member's Account during the Term of Membership and that the Member will be invoiced monthly by the OGG. Member will pay said fees or charges by check or money order. If the member opts to pay the monthly fees by check the Member hereby acknowledges and agrees that the OGG may electronically charge the credit card that the Member provides to the OGG if: (1) the Member is at any time sixty (60) days delinquent in making any payment of the Monthly Fees or (2) the Member's check is returned because of insufficient funds.

_____ (INITIAL PLEASE) The undersigned hereby acknowledges and agrees that he/she wishes to be enrolled in Member EZ Pay. Member EZ pay automatically charges your credit card or debits your bank account on or about the 15th of each month. You will receive a monthly statement at the beginning of each month. Member EZ pay is safe and secure service that is provided free to all members.

_____ (INITIAL PLEASE) The undersigned represents that he or she has the full authority to enter into this Authorization. The undersigned acknowledges and agrees that the ability to make purchases or post charges is a privilege of membership that may be suspended at any time for non-payment. The undersigned agrees that in the event any charge is returned or declined by the card issuer, whether due to delinquency, over limit, suspension, closure, or error, Member will pay the amount in question together with any fee incurred by the OGG as a result of such return or denial.

The OGG accepts MasterCard, Visa, Discover and American Express. Authorized credit card information may be charged by giving the OGG no less than thirty (30) days advance notice and execution of another authorization form. This authorization shall remain in effect for the duration of the Membership.

Member Signature*: _____

Member Name (print): _____ Date: ____ / ____ / ____

IMPORTANT: Whether you decide to use Member EZ Pay, the Ottinger Golf Group's automatic debit service or not, as per the terms of your membership agreement a valid credit card must be kept on file at all times. Failure to provide will delay the activation or result in the deactivation of your membership. Please provide that information below.

Cardholder Name: _____

Account Number: _____ Expiration Date: ____ / ____ / ____ Security Code: _____

Billing Address: _____

Cardholder Signature: _____

_____ Please sign me up for Member EZ Pay using my Credit Card listed above - or

_____ Please sign me up for Member EZ Pay using my Checking Account

Bank Name: _____ Account Type: ____ Checking ____ Savings

Routing Number: _____ Account Number: _____

Billing Address: _____

_____ I do not wish to utilize Member EZ Pay and will pay for all "Member Charges" by check or money order.

Member Signature: _____

Member Name (print): _____ Date: ____ / ____ / ____