

# THE KURE

AUTHORIZED DEALER PRO-GRAM APPLICATION

When complete please fax to: **770.448.6557**  
or return by mail to the address below **c/o Authorized Dealer Inquiry**

Professional's Name: \_\_\_\_\_

PGA member  yes  no

Years in business: \_\_\_\_\_

Business Address: \_\_\_\_\_ Home Address (optional) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell: (optional) \_\_\_\_\_ Email: \_\_\_\_\_

Is business owned by other than the Professional?  yes  no

If yes, specify: \_\_\_\_\_

Address if other than above: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Select the following describing your business.

- Public/Semi-Private Golf Course     Private Club     Golf School     Driving Range  
 Off-Course Shop     Teaching Studio     Resort

## REWARD REDEMPTION INFORMATION

Indicate if rewards are to be sent to Professional or to other business owner: \_\_\_\_\_

If to Professional, indicate if rewards are to be sent to business or home address: \_\_\_\_\_

Do you want members of your staff to earn their own rewards?  yes  no

If yes, list name and address if other than above to send rewards. They will be issued separate PCD Cards and numbers

Staff Name #1 \_\_\_\_\_ Staff Name #2 \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Staff Name #3 \_\_\_\_\_ Staff Name #4 \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Staff Name #5 \_\_\_\_\_ Staff Name #6 \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*NOTE: reward cards will be sent within 15 days of the expiration of the customer 30 satisfaction return period.*