



CLAIM FORM GOLFMAX PURCHASING PROGRAM

Date: _____

Course Name: _____

NAME:

ADDRESS: _____

CITY: _____

PROV: _____

POSTAL: _____

SALE DATE: _____

CONTACT: _____

TEL: _____

SIGNATURE: _____

QUANTITY	MODEL	SERIAL NUMBER	DESCRIPTION

NET PRICE: _____

CLUB CAR DEALER: _____

SALES REPRESENTATIVE: _____

SIGNATURE: _____

EMAIL CLAIM FORM TO:
NGCOA CANADA, C/O RYLEY SCOTT, RSCOTT@NGCOA.CA

NGCOA Canada, 801-515 Legget Drive, Ottawa, ON K2K 3G4 866-626-4262