

# Credit Application



**Fisher Athletic**  
PO Box 1985  
Salisbury, NC 28148-1985  
customerservice@fisherathletic.com  
**PH: 800-438-6028 Fax: 800-272-4448**

Name of Firm: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Full Name of Owner(s): \_\_\_\_\_

Please Check one:  Individual  Partner  Corporation/Fed. Tax # \_\_\_\_\_

Type of Business:  Institutional  Recreational  Dealer \_\_\_\_\_

Estimated Annual Sales: \_\_\_\_\_

## Trade References

	Name	Fax #	Phone #	Account #	Contact
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____

Name of Bank \_\_\_\_\_ Account # \_\_\_\_\_

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

Applicant's signature attests financial responsibility and willingness to pay our invoices in accordance with invoice. Unpaid invoices will be charged 1.5% per month beginning in 30 days after shipment unless transactions are paid within terms.

Firm Name \_\_\_\_\_

By \_\_\_\_\_ Date \_\_\_\_\_

By \_\_\_\_\_ Date \_\_\_\_\_