

## Credit Application



**Fisher Athletic**  
PO Box 1985  
Salisbury, NC 28148-1985

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 ☐ Retail

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

### Trade References

Name -- Fax # -- Phone # -- Account #

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 \_\_\_\_\_