

Fisher Athletic  
Fisher Athletic  Application for Credit  
PO Box 1985  
Salisbury, NC 28145-1985  Date \_\_\_\_\_  
Toll Free 800-438-6028  
Fax 800-272-4448

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

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

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

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

Full Name of Owner or Owners \_\_\_\_\_

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. \_\_\_\_\_
- 6. \_\_\_\_\_

Name of Bank \_\_\_\_\_ Account # \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Applicant's Signature Attests Financial Responsibility, Ability And Willingness To Pay  
Our Invoices In Accordance With Invoice. Unpaid Invoices Will Be Charged At 1.5% Per  
Month Beginning 30 Days After Shipment Unless Transactions Are Paid Within Terms.**

Firm Name \_\_\_\_\_  
By \_\_\_\_\_ Date \_\_\_\_\_  
By \_\_\_\_\_ Date \_\_\_\_\_