

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 _____