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Phone (801) 262-6451
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www.plasticfabricating.net



3575 South 300 West
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Toll Free (800) 818-6416
Fax (801) 269-8413
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Fisher Fulfillment
2855 South 1030 West
Salt Lake City, UT 84119
Phone (801) 262-6451
Toll Free (800) 365-8920
Fax (801) 261-5658

CREDIT APPLICATION

DATE: _____

BUSINESS DESCRIPTION

Please Print Clearly

BUSINESS NAME _____

TYPE OF BUSINESS _____

TELEPHONE # _____ FAX # _____ EMAIL ADDRESS _____

MAILING ADDRESS _____ City/ST/Zip _____

SHIPPING ADDRESS _____ City/ST/Zip _____

CORPORATION: _____ INCORPORATED IN THE STATE OF: _____ YEAR _____

SINGLE PROPRIETORSHIP _____ PARTNERSHIP _____ YEAR ESTABLISHED _____

OWNERS, PRINCIPALS, OR PARTNERS

NAME _____ NAME _____

RES. ADDRESS _____ RES. ADDRESS _____

CITY AND STATE _____ CITY AND STATE _____

RESIDENCE PHONE _____ RESIDENCE PHONE _____

SOCIAL SECURITY # _____ SOCIAL SECURITY # _____

EXEMPT FROM STATE SALES TAX? NO _____ YES _____ TAX EXEMPT # _____

You will be charged sales tax until a tax exemption certificate (TC-721) has been completed and given to us.

BUSINESS LICENSE # _____ FEDERAL IDENTIFICATION # _____

YOUR BANK _____ ADDRESS _____

CHECKING ACCT # _____ City/ST/Zip _____

FINANCIAL STATEMENT AVAILABLE _____ MAXIMUM CREDIT REQUESTED* _____

OUR TERMS ARE NET 30 DAYS, WILL YOU BE ABLE TO MEET THESE TERMS? YES _____ NO _____

*For accounts requesting a credit limit greater than \$5,000.00 a yearly financial statement is required.

BUSINESS CREDIT REFERENCES

NAME _____ FAX _____

STREET _____ CITY _____ STATE _____ PHONE _____

NAME _____ FAX _____

STREET _____ CITY _____ STATE _____ PHONE _____

AGREEMENT TO CREDIT POLICY

The applicant authorizes Fisher Group, Inc. to investigate all credit references and any other matters pertaining to its financial responsibility. Applicant agrees the terms of sale are 1% 10 net 30 from the date of invoice. Exceptions to these terms must be made in writing, and signed by an Officer of Fisher Group, Inc. Both parties agree that the laws of the State of Utah shall govern this agreement. The Applicant agrees to pay reasonable attorney's fees and court costs should they be incurred to collect moneys owed to Fisher Group, Inc. or any division or subsidiary of Fisher Group, Inc. I understand that late charges of 1.5% per month may be assessed on any balance remaining unpaid and more than 30 days past due. Discounts taken after the due date listed on each invoice will be charged back to the Applicant. Failure to repay within 30 days after being charged back may cause interruption of shipment until the unearned discount(s) are paid. **[Note: This application must be signed by the company owner, partner; or by an Officer if the Applicant is a corporation.]**

Print Name and Title: _____ Name of Firm: _____

Signature: _____ Date: _____

PERSONAL GUARANTEE

In consideration of any credit extended, the undersigned will personally guarantee full and prompt payment of all indebtedness of _____ incurred for merchandise provided by Fisher Group, Inc. in addition to any service charges or collection costs where applicable. This Personal Guarantee shall remain in force until its revocation is acknowledged in writing by Fisher Group, Inc. Revocation shall not affect indebtedness incurred prior to receipt of written notice.

Individual Signature: _____ Date: _____

Home Address: _____

Home Phone: _____ Social Security #: _____