



Team TS and/ or TopSox Credit Application

Return Completed Application to:

Date: _____

Four Star Brands, LTD
Attention: Robin Williams
677 Southwest Street
High Point, NC 27260

Phone: 800-438-0359
Fax: 336-887-2725

Individual or Company Name

Telephone

Address

Fax #

City, State, Zip

E-mail Address

dba's

Type of Ownership: Corporation / State: ____
 Partnership
 Partnership
 Individual

Sports Inc Account:: Yes No

To expedite credit Sports Inc Account # required

_____ # of years in Business

Principal Owners:

_____ Dun & Bradstreet #

Name Title Address

Name Title Address

Application for credit is hereby made and permission given to contact the following references:

Trade References – A minimum of three is required

Company Name Account #

Person to Contact Title

FAX # Phone #

Address City, State, Zip

Please complete page one or the reverse side.



Company Name Account #

Person to Contact Title

FAX # Phone #

Address City, State, Zip

Company Name Account #

Person to Contact Title

FAX # Phone #

Address City, State, Zip

Bank References

Checking Account

Bank Name

Address

City, State, Zip

Telephone Number Account #

Bank Officer to Contact

Please give any other information which will aid in assessing your application.

The above information is herewith submitted for the purpose of opening an account and I do hereby certify this information to be accurate.

Signed _____ Date: _____

Print name _____ Title _____

Name of person to contact with questions regarding payment of invoices _____