

ALLIANCE DATACOM, L. P.
11110 Petal Street, Suite 300, Dallas TX 75238
Phone: 828-277-7272 Fax: 775-254-3558
Web Address <http://www.alliancedatacom.com>

CREDIT APPLICATION

Company Name: _____

Legal Business Name: _____

Billing Address: _____

City/State/Zip: _____

A/P Contact Name: _____

A/P Contact Phone #: _____ A/P Fax #: _____

A/P Contact/Company Email Address _____

Shipping Address: _____

City/State/Zip: _____

Purchasing Contact Name _____

Purchasing Contact Phone#: _____ Purchasing Contact Fax: _____

Purchase Order Required? Yes _____ No _____

Is your company tax exempt? Yes _____ No _____ (Please check one)

*If yes, please provide tax exemption certificate with credit application

Estimated Credit Limited Desired: _____

Sole Proprietor _____ Partnership _____ Corporation _____ School/Government _____

Nature of Business: _____

Date Business Started: _____ Number of Employees: _____

Federal Tax ID#/Social Security #: _____ Dun & Bradstreet # _____

FINANCIAL INFORMATION

Total Current Assets: _____

Total Current Liabilities: _____

Total Net Worth: _____

The undersigned further warrants he/she has full authority to act on behalf of the mentioned company. The above statements are material representations and are true and correct and are given for the purpose of obtaining the extension of credit by the seller (Alliance Datacom, L.P.). In the event credit is extended, the undersigned agrees to the following: 1) To pay for all purchases pursuant to the terms of the seller's invoices and those obtained herein; 2) To pay seller a delinquency charge of 1 ½ percent per month on the amount or amounts remaining unpaid 30 days after the due date on the invoice; 3) To pay seller reasonable attorney's fees and cost incurred by the seller in connection with the enforcement or collection of any obligation of the undersigned; 4) To pay all sums due to seller at its address in Dallas County, Texas, such county being agreed upon as the county of venue for any suit brought by either party hereto against each other. All information provided is accurate to my knowledge.

Signature of Officer, Owner, or President

Printed Name

Date

BANKING REFERENCES

Bank Name: _____

Address: _____ Suite/Room #: _____

City/State/Zip: _____

Contact Person: _____

Telephone #: _____ Fax #: _____

Years with Bank: _____

Account Number: _____ Type of Account: _____

Account Number: _____ Type of Account: _____

TRADE REFERENCES

Company: _____ Contact Name: _____ Acct. # _____

Address: _____ Suite/Room #: _____

City/State/Zip: _____

Phone #: _____ Credit Dept. Fax #: _____

Company: _____ Contact Name: _____ Acct. # _____

Address: _____ Suite/Room #: _____

City/State/Zip: _____

Phone #: _____ Credit Dept. Fax #: _____

Company: _____ Contact Name: _____ Acct. # _____

Address: _____ Suite/Room #: _____

City/State/Zip: _____

Phone #: _____ Credit Dept. Fax #: _____

We hereby authorize Alliance Datacom, L.P. to investigate our financial responsibility, credit worthiness and depository relationships with banks.

Signature of Officer, Owner, or President Printed Name

Date: _____