

**ALLIANCE DATACOM, L. P.**  
10455 Markison Rd, 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.

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**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:** \_\_\_\_\_