



Confidential Credit Application (Page 1 of 2)

Legal Company Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Type of Business: _____ Phone: _____ Fax: _____

Federal EIN: _____ - _____ Social Security Number: _____ - _____ - _____

Sales Tax Exempt: Yes() No() Exempt # _____ If exempt, copy of Exemption Certificate must be submitted

Established: _____ Number of employees: _____ Legal Entity: Partnership() Corporation() Sole Proprietorship()

Principal Officer: (Name and title) _____

If business is owned by another company, state name, address & business relationship

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Business relationship: _____ Legal Entity: Partnership() Corporation() Sole Proprietorship()

Will this business guarantee your account if necessary: Yes () No ()

Principal Officer: (Name and title) _____

Credit References

1. Name: _____ 2. Name: _____

Address: _____ Address: _____

Phone: _____ Fax: _____ Phone: _____ Fax: _____

Account No: _____ Account No: _____

3. Name: _____ 4. Name: _____

Address: _____ Address: _____

Phone: _____ Fax: _____ Phone: _____ Fax: _____

Account No: _____ Account No: _____



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Bank: _____

Address: _____ City: _____ State: _____ Zip: _____

Acct No: _____ Phone: _____ Fax: _____

The undersigned agrees to pay service charges at the rate of 1.5% per month (18% APR) on all accounts over 30 days past due. The undersigned consents to personal jurisdiction and venue in the State and Superior Courts of Gwinnett County, GA. for all matter involving Alliance Wire & Cable, Ltd. and the undersigned. The undersigned also agrees that in the event that any delinquent account is turned over to a collection agency and/or attorney for collection, that he/she is liable for and will pay, all reasonable costs incurred by Alliance Wire & Cable, Ltd. and/or their authorized agents, in the collection of any such delinquent account, including but not limited to payment of reasonable collection agency fees and/or reasonable attorney fees and all court costs.

NSF Check Policy - A charge of \$25.00 NSF check charge will be assessed on every returned check.

RESPONSIBILITY FOR PAYMENT - As a further inducement to extend credit, my/our single signature(s) below evidence my/our individual and corporate capacities. If credit is granted, I/we agree, individually and corporately, to be liable for, and to pay all bills when rendered. Business titles or a designation following the signatures(s) below does not alleviate the individual liability for the signatory(ies)

Print Officer's Name: _____ Title: _____

Signature: _____ Date: _____

Can be submitted via fax to: 770-381-5050 or via email to sales@alliancewire.com