

Alliance Technology Group, LLC  
 7010 Hi Tech Drive  
 Hanover, Maryland 21076  
 Phone: 410.712.0270  
 Fax: 410.712.0271  
 Email: [credit@alliance-it.com](mailto:credit@alliance-it.com)

Requested Terms (check all that apply)

- ☐ Prepay  
☐ COD-company check \_\_\_\_\_ Amount  
☐ Net 30 days

Requested Amount: \_\_\_\_\_

## Credit Application

General Information			
Company or Corporate name (exact Legal Name):		Doing Business As:	
Billing Address:		City:	State:
Shipping Address: (if more than one, attach separate list)		City:	State:
Telephone #:	Company Web/URL Address:		
Type of Business (check one) <input type="checkbox"/> C Corp <input type="checkbox"/> S Corp <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietor <input type="checkbox"/> LLP <input type="checkbox"/> LLC <input type="checkbox"/> Other		Accts Payable Contact : _____ Phone # _____ Fax # : _____ Email # _____	
FEIN # _____ / _____ <div style="display: flex; justify-content: space-between; width: 100%;"> <span>Date of Incorporation</span> <span>State</span> </div>		Name of Controller : _____ Phone # _____ Fax # : _____ Email # _____	
Are you a <input type="checkbox"/> subsidiary or <input type="checkbox"/> a division (if yes, check which) Parent company Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Will the Parent Company guarantee debts? <input type="checkbox"/> Yes <input type="checkbox"/> No		Please enter an email address for invoice delivery: Email: _____ Has company ever filed for bankruptcy? _____ (Y/N) If yes, please provide date, docket # and resolution if any. DUNS # _____	

Officers/Principals/Proprietor Information	
(check one) <input type="checkbox"/> Principal <input type="checkbox"/> Partner <input type="checkbox"/> Proprietor	
Name: _____ Social Security #: _____	
Home Address: _____ Home Phone: _____	
City: _____ State: _____ Zip: _____	

### Attachments: (Please email attachments to [credit@alliance-it.com](mailto:credit@alliance-it.com))

1. Bank Reference: One (1) reference including Bank name, Officer name, Address, Phone #, Fax #, Account # (s), Type of Account(s), and Date Opened.
2. Credit References: Four (4) references from major suppliers. Please provide Supplier Name, Contact name, Phone #, Address, and Account #.
3. Audited financial statements for the past two years.
4. Current balance sheet and profit and loss statement.
5. Resale Certificate: Current, signed resale certificate for **all states** to which you will be shipping or universal all state certificate.
6. Personal Statement of assets and liabilities for person(s) signing as guarantor.

## Financial Authorization to Release Confidential Information

To Financial Institution:

From Customer:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ATTENTION: BOOKKEEPING DEPARTMENT/LOAN DEPARTMENT

Please accept this as authorization to release the following information to Alliance Technology Group, LLC for the purpose of extending credit.

Checking Account # \_\_\_\_\_ Savings Account # \_\_\_\_\_ Loan(s) \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## CREDIT TERMS & CONDITIONS

I/We acknowledge and agree to the following:

1. Payment terms are specified on each invoice.
2. All invoices are due 30 days from date of invoice. A service charge of 1½% or 18% per annum or the highest legal rate, whichever is less, may be assessed on delinquent invoices.
3. I/We understand that the above information is given for the purpose of obtaining credit and certify that to the best of my knowledge, the above information is complete and accurate as of the date of this application, and will notify Alliance Technology Group in writing of any change in ownership, the name of the business or structure of the business under which credit is established.

Applicant's signature attests financial responsibility, ability and willingness to pay in accordance with the above terms.

Applicant has read and agrees to Alliance Technology Group, LLC's Terms and Conditions at [www.alliance-it.com](http://www.alliance-it.com).

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### GUARANTY OF PAYMENT (please email a signed copy to [credit@alliance-it.com](mailto:credit@alliance-it.com))

In order to induce Company to enter into the attached credit application and Terms and Conditions with the customer identified therein ("Customer"), the undersigned (individually and collectively referred to as "Guarantor"), jointly and severally, guarantees to Company, its subsidiaries and affiliates ("Company") the prompt and unconditional performance and payment by Customer of any and all debts, obligations, liabilities and contracts for which the Customer is obligated, previously, now or hereafter, to Company. Guarantor's liability to Company is direct, unconditional and continuing and shall not be affected in any way by, and Guarantor consents to, extensions or modifications granted by Company to Customer and the release or compromise of any obligations of Customer or any other obligors or guarantors. This Guaranty is irrevocable and may not be terminated by Guarantor. Company may proceed against Guarantor without first proceeding against Customer or any other obligor or guarantor. Guarantor waives presentment, demand and protests, notices of non-performance, contribution, amount of indebtedness and all other demands and notices required by law. Guarantor waives all right to assert all defenses, set-offs, cross claims and counterclaims. This Guaranty may not be assigned by Guarantor without Company's prior written consent. This Guaranty shall survive death, dissolution and insolvency and be binding upon Guarantor's successors and assigns. Any delay or failure of Company in exercising its rights under this Guaranty will not constitute a waiver. This Guaranty contains the entire agreement regarding the subject matter herein and may be amended only in writing signed by all parties. This Guaranty will be governed by and construed in accordance with the laws of the State of Maryland, other than conflicts of law. The GUARANTOR CONSENTS TO THE NON-EXCLUSIVE JURISDICTION OF ANY STATE AND FEDERAL COURT IN ANNE ARUNDEL COUNTY, MARYLAND REGARDING ANY DISPUTES ARISING OUT OF THIS GUARANTY.

GUARANTOR:

GUARANTOR

Co- GUARANTOR

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Zip Code: \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, the above individual(s) personally appeared before me and who, being duly sworn each stated that the foregoing Guaranty was executed in each of their respective capacities as set forth above

My commission expires: \_\_\_\_\_

\_\_\_\_\_  
(Notary Public)