

Please complete entire form and email to alliancecbo@gmail.com within 48 hours of the labor request.

ALLIANCE, INC. CREDIT APPLICATION

Your Company Information

Company Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

E-Mail Address: _____

Stagehands Requested By: _____

Job Location: _____

Office Phone: _____ Cell Phone: _____

E-Mail Address: _____

Accounting Information

Accounting Contact: _____

Phone Number: _____ Fax Number: _____

E-Mail Address: _____

Name of Financial Institution: _____ Account Number: _____

F.I.'s Phone Number: _____ F.I.'s Web Address: _____

Once approved, to avoid late fees, remit payment IN FULL
Within 10 days of the date Alliance sends you an invoice.

Please forward any questions and payments to:

ALLIANCE, INC .
www.alliancepayroll.org
PO BOX 9316
Green Bay, WI 54308-9316
(920)370-8015
alliancecbo@gmail.com