

## INVOICE FORMAT PER ENTITY

### ALIANZA STAFFING SOLUTIONS LLC

#### CARTER LUMBER (LEXINGTON)



#### Alianza Staffing Solutions LLC

INVOICE DATE	
INVOICE NO.	
TERMS	

**BILL TO:**  
Carter Lumber  
747 Old Hargrave Rd  
Lexington, NC 27295

**REMIT TO:**  
Capital Credit Incorporated  
for the account of: Alianza Staffing Solutions LLC  
P.O. Box 204695  
Dallas, TX 75320-4695

**PAYROLL DATE:** Enter Payroll Date Here

Employee	Reg Hours	OT Hours	Reg Rate	OT Rate	Bonus	Total Payroll	Total REG Amount	Total OT Amount	Total Amount Due
Employee Name	0.00	-	\$0.00	\$0.00	\$ -	\$ -	\$ -	\$ -	\$ -
Employee Name	0.00	-	\$0.00	\$0.00	\$ -	\$ -	\$ -	\$ -	\$ -
Employee Name	0.00	-	\$0.00	\$0.00	\$ -	\$ -	\$ -	\$ -	\$ -
Employee Name	0.00	-	\$0.00	\$0.00	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL	0.00	0.00				\$	-	\$	-
TOTAL HOURS COMBINED		0.00					TOTAL BALANCE DUE:	\$	-

#### PAYMENT DETAILS

##### DUE UPON RECEIPT

##### PLEASE FORWARD REMITTANCE ADVISE TO:

payments@capitalcreditincorporated.com  
for the account of: Alianza Staffing Solutions LLC

##### PAYMENT BY CHECK:

Capital Credit Incorporated  
P.O. Box 204695  
Dallas, TX 75320-4695

##### BY EFT TO

BANK: Heritage Bank of Commerce  
ABA #: 121142287  
ACCT NAME: Capital Credit Incorporated  
ACCT #: 511008118  
payments@capitalcreditincorporated.com

We appreciate the opportunity to work with you. Please ensure that all payments be made in full by the due date. We look forward to serving you again in the future.

**THANK YOU FOR YOUR BUSINESS!**

**DOWNLITE INTERNATIONAL**



**Alianza Staffing Solutions LLC**

INVOICE DATE	
INVOICE NO.	
TERMS	

**BILL TO:**

Downlite International  
201 Cuthbertson St  
Monroe, NC 28110

**REMIT TO:**

Capital Credit Incorporated  
for the account of: Alianza Staffing Solutions LLC  
P.O. Box 204695  
Dallas, TX 75320-4695

**PAYROLL DATE:** Enter Payroll Date Here

Shift	Department	Employee	Reg Hours	OT Hours	Reg Rate	OT Rate	Total Payroll	Total Amount
	Reg 005810	Employee Name	0.00	-	\$ -	\$ -	\$ -	-
	Reg 005810	Employee Name	0.00	-	\$ -	\$ -	\$ -	-
Shift 2	Reg 005720	Employee Name	0.00	-	\$ -	\$ -	\$ -	-
Shift 2	Reg 005760	Employee Name	0.00	-	\$ -	\$ -	\$ -	-
TOTAL			0.00	0.00			\$ -	-
TOTAL HOURS COMBINED			0.00		TOTAL BALANCE DUE: \$			-

**PAYMENT DETAILS**

**PLEASE FORWARD REMITTANCE ADVISE TO**

payments@capitalcreditincorporated.com  
for the account of: Alianza Staffing Solutions LLC

**PAYMENT BY CHECK**

Capital Credit Incorporated  
P.O. Box 204695  
Dallas, TX 75320-4695

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84 LUMBER CHARLOTTE



**Alianza Staffing Solutions LLC**

INVOICE DATE	
INVOICE NO.	
TERMS	

**BILL TO:**

84 Lumber  
6000 Rozzelles Ferry Rd  
Charlotte NC 28214

**REMIT TO:**

Alianza Staffing Solutions LLC  
301 McCullough Dr  
Charlotte, NC 28262

**PAYROLL DATE:** Enter Payroll Date Here

Employee	Reg Hours	OT Hours	Reg Rate	OT Rate	Total Payroll	Total Amount
Employee Name	0.00	-	\$ -	\$ -	\$ -	\$ -
Employee Name	0.00	-	\$ -	\$ -	\$ -	\$ -
Employee Name	0.00	-	\$ -	\$ -	\$ -	\$ -
TOTAL	0.00	0.00				\$ -
<b>TOTAL HOURS COMBINED</b>	0.00				<b>TOTAL BALANCE DUE: \$</b>	-

***PAYMENT DETAILS***

**ACCOUNT NAME:**

Alianza Staffing Solutions LLC

**BANK NAME: TD BANK**

Account Number: 4414825187  
Routing Number: 0539-02197

We appreciate the opportunity to work with you. Please ensure that all payments be made in full by the due date. We look forward to serving you again in the future.

**THANK YOU FOR YOUR BUSINESS!**

84 LUMBER KINGS MOUNTAIN  
84 LUMBER STATESVILLE



**Alianza Staffing Solutions LLC**

INVOICE DATE	
INVOICE NO.	
TERMS	

**BILL TO:**

84 Components  
Street Address  
City, State Zipcode  
Phone Number

**REMIT TO:**

Alianza Staffing Solutions  
301 McCullough Dr  
Charlotte, NC 28262

**PAYROLL DATE:** Enter Payroll Date Here

Employee	Reg Hours	OT Hours	BF Produced	Reg Rate	OT Rate	Bonus	Total Amount
Board Footage Employee Name	-	-	-	0.10	-	\$ -	\$ -
Board Footage Employee Name	-	-	-	0.10	-	\$ -	\$ -
Employee Name	0.00	-	-	\$ -	\$ -	\$ -	\$ -
Employee Name	0.00	-	-	\$ -	\$ -	\$ -	\$ -
Employee Name	0.00	-	-	\$ -	\$ -	\$ -	\$ -
Employee Name	0.00	-	-	\$ -	\$ -	\$ -	\$ -
TOTAL	0.00	0.00					\$ -
TOTAL HOURS COMBINED	0.00				TOTAL BALANCE DUE:	\$ -	

**PAYMENT DETAILS**

**ACCOUNT NAME:**

Alianza Staffing Solutions LLC

**BANK NAME: TD BANK**

Account Number: 4414825187  
Routing Number: 0539-02197

We appreciate the opportunity to work with you. Please ensure that all payments be made in full by the due date. We look forward to serving you again in the future.

**THANK YOU FOR YOUR BUSINESS!**

**INVOICE DESCRIPTION****HIRE CONNECTION****THE BUILDING CENTER**

EMPLOYEE NAME  
REG HOURS  
OT HOURS  
REG RATE  
OT RATE  
BONUS  
DEDUCTION  
TOTAL PAYROLL  
TOTAL REG AMOUNT (MARKUP INCLUDED)  
TOTAL OT AMOUNT (MARKUP INCLUDED)

**ALIANZA STAFFING GROUP LLC****INTERNATIONAL MANAGEMENT TEAM**

AMERATRIL  
AZZ GALVANIZING  
BUILDERS FIRST SOURCE (HARRISBURG)  
BUILDERS FIRST SOURCE (TROUTMAN)  
C&K PLASTICS LLC  
POLY PLASTIC PRODUCTS  
RECOVERY CENTERS OF AMERICA  
SUMMIT STAIRS (FORTMILL)  
BUILDERS FIRST SOURCE (CHARLOTTE - BIANCHI)  
BUILDERS FIRST SOURCE (MONROE)  
CAROPLAST INC.  
EXTRAVAGANZA EVENTS AND PROPS  
OLD CASTLE ADAMS PRODUCTS  
COLONIAL MATERIALS  
R3CYCLE INDUSTRIES LLC  
CARTER LUMBER (SANFORD)  
SUMMIT STAIRS (GARNER)

EMPLOYEE NAME  
REG HOURS  
OT HOURS  
BONUS  
REG BILL RATE  
OT BILL RATE  
TOTAL AMOUNT DUE (MARKUP INCLUDED)

**EGGER WOOD PRODUCTS**

EMPLOYEE NAME  
REG HOURS  
OT HOURS  
REG RATE  
OT RATE  
TOTAL PAYROLL  
TOTAL AMOUNT DUE (MARKUP INCLUDED)

**ALIANZA STAFFING SOLUTIONS LLC****DOWNLITE**

SHIFT  
DEPARTMENT  
EMPLOYEE NAME  
REG HOURS  
OT HOURS  
REG RATE  
OT RATE  
TOTAL PAYROLL  
TOTAL AMOUNT CHARGED (MARKUP INCLUDED)

**84 LUMBER CHARLOTTE**

EMPLOYEE NAME  
REG HOURS  
OT HOURS  
REG RATE  
OT RATE  
TOTAL PAYROLL  
TOTAL AMOUNT DUE (MARKUP INCLUDED)

**CARTER LUMBER (LEXINGTON)**

EMPLOYEE NAME  
REG HOURS  
OT HOURS  
REG RATE  
OT RATE  
BONUS  
TOTAL PAYROLL  
TOTAL REG AMOUNT (MARKUP INCLUDED)  
TOTAL OT AMOUNT (MARKUP INCLUDED)  
TOTAL AMOUNT DUE (MARKUP INCLUDED)

**84 LUMBER KINGS MOUNTAIN****84 LUMBER STATESVILLE**

EMPLOYEE NAME  
REG HOURS  
OT HOURS  
BOARD FOOTAGE PRODUCED  
REG RATE  
OT RATE  
BONUS  
TOTAL AMOUNT DUE (MARKUP INCLUDED)

## INVOICE FORMAT PER ENTITY

### ALIANZA STAFFING GROUP LLC

INTERNATIONAL MANAGEMENT TEAM  
AMERATRIL  
AZZ GALVANIZING  
BUILDERS FIRST SOURCE (HARRISBURG)  
BUILDERS FIRST SOURCE (TROUTMAN)  
C&K PLASTICS LLC  
POLY PLASTIC PRODUCTS  
RECOVERY CENTERS OF AMERICA  
SUMMIT STAIRS (FORTMILL)  
BUILDERS FIRST SOURCE (CHARLOTTE - BIANCHI)  
BUILDERS FIRST SOURCE (MONROE)  
CAROPLAST INC.  
EXTRAVAGANZA EVENTS AND PROPS  
OLD CASTLE ADAMS PRODUCTS  
COLONIAL MATERIALS  
R3CYCLE INDUSTRIES LLC  
CARTER LUMBER (SANFORD)  
SUMMIT STAIRS (GARNER)

### Alianza Staffing Group LLC



INVOICE DATE	
INVOICE NO.	
TERMS	

**BILL TO:**

Client  
Street Address  
City, State Zipcode  
Phone Number

**REMIT TO:**

Alianza Staffing Group LLC  
301 McCullough Dr  
Charlotte, NC 28262

**PAYROLL DATE:**

Enter Payroll Date Here

Employee	Reg Hours	OT Hours	Bonus	Reg Bill Rate	OT Bill Rate	Total Amount
Employee Name		-	\$ -	\$ -	\$ -	\$ -
TOTAL	0.00	0.00				\$ -
<b>TOTAL HOURS COMBINED</b>	<b>0.00</b>			<b>TOTAL BALANCE DUE:</b>	<b>\$</b>	<b>-</b>

**PAYMENT DETAILS**

**ACCOUNT NAME:**

Alianza Staffing Group LLC

**BANK NAME: TD BANK**

Account Number: 4415333288  
Routing Number: 0539-02197

We appreciate the opportunity to work with you. Please ensure that all payments be made in full by the due date. We look forward to serving you again in the future.

**THANK YOU FOR YOUR BUSINESS!**

**EGGER WOOD PRODUCTS**



**Alianza Staffing Group LLC**

INVOICE DATE	
INVOICE NO.	
TERMS	

**BILL TO:**

Client  
Street Address  
City, State Zipcode  
Phone Number

**REMIT TO:**

Alianza Staffing Group LLC  
301 McCullough Dr  
Charlotte, NC 28262

**PAYROLL DATE:**

Enter Payroll Date Here

Employee	Reg Hours	OT Hours	Reg Rate	OT Rate	Total Payroll	Total Amount Due
Employee Name	-	-	\$ -	\$ -	\$ -	\$ -
TOTAL	0.00	0.00			\$	-
TOTAL HOURS COMBINED	0.00		TOTAL BALANCE DUE: \$			-

**PAYMENT DETAILS**

**ACCOUNT NAME:**

Alianza Staffing Group LLC

**BANK NAME: TD BANK**

Account Number: 4415333288  
Routing Number: 0539-02197

**PAYMENT BY CHECK**

Alianza Staffing Group LLC  
301 McCullough Dr  
Charlotte, NC 28262

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**THANK YOU FOR YOUR BUSINESS!**

## INVOICING TYPE

### HIRE CONNECTION LLC

CLIENT	INVOICING TYPE
The Building Center	Company to Client

### ALIANZA STAFFING GROUP FPR

CLIENT	INVOICING TYPE
Summit Stairs (Fort Mill)	Company to Client
International Management Team	Company to Client

### ALIANZA STAFFING GROUP

CLIENT	INVOICING TYPE
Egger Wood Products (Linwood)	Company to Client
Old Castle Adams Products	Company to Client
Builders First Source (Charlotte - Bianchi)	Company to Client
Builders First Source (Monroe)	Company to Client
Builders First Source (Harrisburg)	Company to Client
Builders First Source (Troutman)	Company to Client
C&K Plastics LLC	Company to Client
Caroplast, Inc.	Company to Client
Extravaganza Events & Props	Company to Client
Recovery Centers of America	Company to Client
Ameratrail	Company to Client
Poly Plastic Products	Company to Client
AZZ Galvanizing	Company to Client
Carter Lumber (Sanford)	Company to Client
Colonial Materials	Company to Client
Summit Stairs (Garner)	Company to Client
R3CYCLE INDUSTRIES LLC	Company to Client

### ALIANZA STAFFING SOLUTIONS

CLIENT	INVOICING TYPE
Carter Lumber (Lexington)	Company to Client
84 Lumber (Charlotte)	Company to Client
84 Lumber (Kings Mountain)	Company to Group
84 Lumber (Statesville)	Company to Group
Downlite	Company to Client



## INVOICE FORMAT PER ENTITY

### HIRE CONNECTION

THE BUILDING CENTER



### Hire Connection LLC

INVOICE DATE	
INVOICE NO.	
TERMS	

**BILL TO:**

The Building Center  
2591 Jenkins Dairy Rd  
Gastonia, NC 28052  
(704) 394-4191

**REMIT TO:**

Capital Credit Incorporated  
for the account of: Hire Connection LLC  
P.O. Box 204695  
Dallas, TX 75320-4695

**PAYROLL DATE:** 12/9/24 - 12/13/24

Employee	Reg Hours	OT Hours	Reg Rate	OT Rate	Bonus	Deductions	Total Payroll	Total REG Amount	Total OT Amount
Employee Name			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Employee Name			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL	0.00	0.00					\$	-	\$ -
TOTAL HOURS COMBINED		0.00	TOTAL BALANCE DUE:				\$	-	\$ -

**PAYMENT DETAILS****PLEASE FORWARD REMITTANCE ADVISE TO**

payments@capitalcreditincorporated.com  
for the account of: Hire Connection LLC

**PAYMENT BY CHECK**

Capital Credit Incorporated  
P.O. Box 204695  
Dallas, TX 75320-4695

**BY EFT TO**

BANK: Heritage Bank of Commerce  
ABA #: 121142287  
ACCT NAME: Capital Credit Incorporated  
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