



Connecting Quality People With Quality Careers

## CONFIDENTIAL BUSINESS CREDIT APPLICATION

DATE:		STAFFING SPECIALISTS NAME			
BUSINESS NAME (CLIENT)		PHONE (    )		CORPORATE/PARENT COMPANY	
ADDRESS		CITY		STATE	ZIP
INVOICE SENT TO:					
NAME		TITLE		PHONE (    )	
BILLING ADDRESS		CITY		STATE	ZIP
ACCOUNTS PAYABLE CONTACT FOR QUESTIONS					
NAME		TITLE		PHONE (    )	
EXPLAIN APPROVAL & PAYMENT PROCESS, INCLUDING NAME & TITLE					
TIME REQUIRED FOR PAYMENT		IF NOT DUE UPON RECEIPT, THEN AGREED PAYMENT TERMS:			
		WEEKLY		BI-MONTHLY	NET 30
				NET 45	OTHER
COST CENTER OR SPECIAL BILLING REQUIREMENTS?		PURCHASE ORDER NUMBER REQUIRED?		IF YES, EXPLAIN:	
		YES      NO			
<b>MANAGEMENT APPROVAL (internal use only)</b>					
NAME		DATE		REQUESTED CREDIT \$:	
<b>CLIENT INFORMATION</b>					
NON FOR PROFIT:		PUBLIC CORP	PRIVATE CORP	LLC	PROPRIETORSHIP
YES    NO				PARTNERSHIP	
YEARS IN BUSINESS		# OF EMPLOYEES		ANNUAL REVENUE	
DUN'S NUMBER		DUNS RATING		WORK COMP CODE (S)	
<b>PERSONAL GUARANTEE FOR PRIVATE CORPORATIONS, PARTNERSHIPS, PROPRIETORSHIPS</b>					
For The Company to approve this Confidential Business Credit Application, and in consideration of its so doing, we, the undersigned, do hereby jointly, severally and personally guarantee the above Client's full performance of said agreed upon terms and payment and hereby agree to indemnify The Company against any and all damage, loss, expense, (including Attorney's fees) and/or liability sustained by The Company by reason of or related to, the above Client's failure to perform or to pay when due, charges incurred. The Company may enforce this Guarantee against the undersigned or any of them jointly, severally, whether or not any action is ever taken by The Company against the above Client.					
THE PERSONAL GUARANTEE MUST BE PROVIDED BY BOTH OWNER AND SPOUSE, AND/OR OFFICERS. (Make copies if necessary)					
NAME OF PRIMARY OFFICER/PRINCIPALS (name and titles) _____					
NAME (PRINT)		SOCIAL SECURITY NUMBER		SIGNATURE	DATE
NAME (PRINT)		SOCIAL SECURITY NUMBER		SIGNATURE	DATE
I authorize the following to release information pertaining to my firm. Acknowledgment is mutual that a telephone or facsimile (FAX) or photographic copy shall be as valid as the original.					
DATE _____		AUTHORIZED SIGNATURE _____		TITLE _____	
<b>CREDIT REFERENCES</b>					
BANK NAME		ACCT #		TRADE NAME	
				ACCT #	
ADDRESS		PHONE		ADDRESS	
				PHONE	
CONTACT		TITLE	FAX	CONTACT	
				TITLE	
				FAX	
TRADE NAME		ACCT #		TRADE NAME	
				ACCT #	
ADDRESS		PHONE		ADDRESS	
				PHONE	
CONTACT		TITLE	FAX	CONTACT	
				TITLE	
				FAX	