TIME STAFFING
A Division of the Doepker Group

NEW CUSTOMER INFORMATION

Date _____

Branch _____ Requested by _____

Company _____ Federal ID # _____

Corporate Name (if different) _____ Duns # _____

Address _____ Phone _____

City _____ State _____ ZIP _____ BWC Policy # / WC Code # _____ / _____

Is Company in city limits? Yes _____ No _____ Is Company Sales Tax Exempt? Yes _____ No _____

Nature of Business/job type _____ No. of years in business _____

Date of First Assignment _____ Bill Rate _____

Number of Temps Requested _____ Length: ____ Days _____ Indefinite

Credit Limit Requested _____ Type of Assignment (circle) Industrial Clerical Technical

Company Contact _____ Phone _____ Ext. _____

Email Address _____

CFO/Controller/Owner (circle one) _____ Phone _____ Ext. _____

Email Address _____

Accounts Payable Rep. _____ Phone _____ Ext. _____

Email Address _____

Bank Reference _____ Contact _____ Phone _____ Ext. _____

Trade Reference _____ Contact _____ Phone _____ Ext. _____

Trade Reference _____ Contact _____ Phone _____ Ext. _____

Trade Reference _____ Contact _____ Phone _____ Ext. _____

Invoice Payment Terms Net Due Upon Receipt Unless Otherwise Agreed To In Writing _____

Credit Summary (to be completed by Time Staffing accounting department)

A. Comments _____ How long? _____

B. How long Customer _____ High Credit _____ Terms _____
Current Balance _____ Prompt _____ Discount _____ # Days Late _____

C. How long Customer _____ High Credit _____ Terms _____
Current Balance _____ Prompt _____ Discount _____ # Days Late _____

D. How long Customer _____ High Credit _____ Terms _____
Current Balance _____ Prompt _____ Discount _____ # Days Late _____

Paydex _____

Credit Approved $ _____

Credit Authorized & Date _____

Credit Entered & Date _____

Special Instructions _____