



The one. The only.



- ☐ NEW CUSTOMER
☐ RE-ACTIVATED CUSTOMER
☐ NEW DIVISION

The ACCU Group of Personnel Companies

P.O. Box 8346, Cherry Hill, NJ 08002

Phone 856-482-2222

THIS SECTION FOR OFFICE USE ONLY

Customer Number: _____ Date of Order: _____ ☐ ACCU ☐ CPS ☐ NAT ☐ 911 ☐ TEMP

What brought you to our company?

- ☐ Referral
☐ Approached by Salesperson
☐ News Article/Press Release
☐ ACCU Website
☐ Advertisement: _____

☐ Other: _____

Sales Person: _____

Pay Rate: _____

Bill Rate: _____

Mark-Up: _____

Spread: _____

To be completed by Risk Manager

Description of Business:

Worker's Comp Code:

Rate:

APPLICATION FOR CREDIT

Company Name: _____ Trade Name: (if any) _____

Contact First Name: _____ Last Name: _____ Title: _____

Address: _____ Email: _____

City: _____ State: _____ Zip Code: _____

Billing Address: (if different from above) _____

City: _____ State: _____ Zip Code: _____

Federal Identification Number: _____

Accounts Payable Manager: _____ Accounts Payable Phone: _____

Do you wish to receive invoices by email? Yes No Accounts Payable Contact: _____

AP Contact Email: _____

Type of Business: ☐ Corporation ☐ Partnership ☐ Sole Proprietorship ☐ Limited Liability Co.

Principal(s) Owner(s):

Years in Business: _____ Number of Employees: _____ Nature of Business: _____

Parent Co. or Subsidiary: _____

BANK REFERENCE

Name of Bank: _____ Checking Account No.: _____

Contact: _____ Phone: _____

CREDIT REFERENCES

Name: _____

Contact: _____

Phone: _____

Name: _____

Contact: _____

Phone: _____

Name: _____

Contact: _____

Phone: _____

Reference Results:

Is your business rated by Dunn & Bradstreet? ☐ Yes ☐ No If yes, D-U-N-S Number: _____

Listed in which city? _____ Rating Code: _____

CLIENT AGREEMENT

**PLEASE READ AND SIGN AND KEEP A COPY FOR YOUR RECORDS - TERMS MAY BE SUBJECT TO CHANGE AT ANY TIME
I, the undersigned, acknowledge, and agree to the following:**

1. Payment Terms are NET DUE UPON RECEIPT.
2. The above information is for purposes of obtaining credit and is warranted to be accurate and true.
3. My signature below authorizes all parties stated in references above to release necessary information to ACCU Staffing Services, Inc., Corporate Planned Staffing, Inc., Nation-Wide Staffing Management, Inc., 911 Staffing, LLC, or Temp Staffing, LLC ("Company"), their successors and/or assigns, including but not limited to banking information.
4. If credit is extended, the company named as applicant ("Client") will be responsible for paying One and One Half Percent (1.5%) finance charge per month on delinquent accounts; and the recovery of reasonable collection and court fees in the event the account is turned over to our legal department for collections.
5. The Company goes to great lengths to prevent job migration of our temporary workforce. Job migration occurs when Company Associates are given work assignments that are outside the scope of the original job order/description. All job assignments must be first identified, discussed and approved by the Company. Unauthorized changes to assignments may risk exposure to accidents and injuries to our temporary Associates and liability for hourly pay rate changes under the New Jersey Temporary Workers Bill of Rights. The Client will be responsible for any liability resulting from any unauthorized changes in assignments.
6. Should market conditions change, the Company shall have the right to request a change in the Contract Price during the term of this agreement under the following circumstances: change in Federal/State mandated taxes, change in Federal/State minimum wages, cost-of-living salary increases, unemployment burden increases, and Workers' Compensation modifications. Any change in the Contract Price shall be made in writing and put into effect within thirty (30) days of the effective date.

AN AUTHORIZED REPRESENTATIVE'S SIGNATURE IS REQUIRED

Title: _____

Date: _____

Signature: _____

Print Name: _____

THIS SECTION FOR OFFICE USE ONLY☐ Credit Approved ☐ Credit Disapproved Amount: _____

Signature: _____

Date: _____

☐ ACH ☐ Credit Card

Account Information: _____

Billing: ☐ U.S. Postal Mail ☐ Email