



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: \_\_\_\_\_

Name: \_\_\_\_\_

Contact: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Reference Results:

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

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