

CONFIDENTIAL CLIENT INFORMATION

The undersigned, for the purpose of obtaining credit from Staffing Solutions, LLC/K-Counsel® submits the following representation. All representations are complete and accurate. In the event of any changes in any of the representations herein, the undersigned agrees to immediately notify Staffing Solutions, LLC/K-Counsel®.

Business Name: _____ Phone: _____ Fax : _____

Address (Street, City, State, Zip): _____

Billing Address: _____

Type of Business: _____ Date Established: _____ Number of Employees: _____

Branch or Division -Yes No Name and Location of Parent Company: _____

Phone: _____ Street _____ City _____ State: _____

Type of Organization (Check One) Sole Proprietor Partnership/LLC/LLP Corporation
State Organized _____ Federal Tax ID Number: _____

Give Name, Title, and Social Security Number of all Owners or Officers (attach additional sheets if needed):

Name: _____ Title: _____ SSN: _____

Name: _____ Title: _____ SSN: _____

Name: _____ Title: _____ SSN: _____

FINANCIAL INFORMATION

Date of Information: _____ Current Assets: _____ Total Assets: _____

Current Liabilities: _____ Total Liabilities: _____ Net Worth: _____

Note: Please attach a complete set of financial statements if you are a newly established business or have a limited credit history.

BANK & TRADE REFERENCE

Bank: _____ Phone: _____

Account Number: _____ Branch: _____ Contact: _____

Major Suppliers: 1) _____ Phone: _____

Major Suppliers: 2) _____ Phone: _____

Major Suppliers: 3) _____ Phone: _____

I have carefully reviewed the representations set forth above and certify all such representations to be complete and correct. **I agree to the terms and to pay our account within the terms of the Master Agreement attached hereto, receipt is hereby acknowledged, and on the back of each time sheet.** I also authorize the banks, suppliers or persons named above to **release** to you all information regarding our credit worthiness. I hereby release said banks, suppliers or persons from all liability for any damage for issuing this information

Authorized Signature: _____ Title: _____ Dated: _____

Check if guarantee required. If checked, then LLC\LLP member or corporate majority shareholder must guarantee.

Guaranteed by: _____ Title: _____