



Skilled Staffing
People • Payroll • Solutions

APPLICATION FOR CREDIT

Thank you for selecting Skilled Staffing. Please complete this application and sign the Terms and Conditions of Assignment.

BUSINESS INFORMATION

Company Name: _____

Business Type: _____

Years in Business: _____

Business Phone: _____

Business Fax: _____

Address: _____

City, State, Zip: _____

Federal Employers ID Number: _____

Home Office Contact: _____

Organization Type: (circle)

Sole Proprietor

Corporation

Partnership

LLC

If Sole Proprietor, List Owner's Social Security Number: _____

Date of Birth: _____

Person Responsible for Payment: _____

Bonding Agent: _____

D&B Rated: (circle) Yes No

Company Owner or President: _____

Billing Address: *(if different from above)* _____

Billing Phone: _____

Preferred Email Address for Billing: _____

Account Contact Person: _____

Email: _____

BANK INFORMATION

Bank: _____

Branch: _____

Address: _____

Account #: _____

Contact: _____

Phone: _____

Customer Since: _____

CONFIDENTIAL CREDIT INFORMATION *Trade References*

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Account #: _____

Account #: _____

Date Opened: _____

Date Opened: _____

Payment Terms: _____

Payment Terms: _____

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Account #: _____

Account #: _____

Date Opened: _____

Date Opened: _____

Payment Terms: _____

Payment Terms: _____