



Service Confirmation

Branch: _____
Account Executive: _____

Client Information	Billing Address
Name: _____	Name: _____
Contact: _____	Contact: _____
Address: _____	Address: _____
City: _____	City: _____
State: _____ Zip: _____	State: _____ Zip: _____
Phone: _____ Ext: _____	Phone: _____ Ext: _____
Fax: _____	Fax: _____

Client's Primary Business Product/Service: _____
 Job Site Address (if other than above): _____
 Phone: _____ Contact : _____
 Directions to Site: _____
 _____ Travel time: _____
 Are Purchase Orders Required? ___ Yes ___ No If yes, how often? _____

<u>Assignment Information</u>	
Description of Duties: _____	_____
Equipment Needed: _____	_____
W/C Code: _____ # of Employees per Day: _____ *Bill Rate: \$ _____	
Description of Duties: _____	_____
Equipment Needed: _____	_____
W/C Code: _____ # of Employees per Day: _____ *Bill Rate: \$ _____	

*The agreed upon bill rate may be adjusted, with written notice to the Client, in the advent of changes in Federal or State law.

Impact, in supplying temporary employees to **Client**, will provide all payroll and payroll related taxes including statutory workers' compensation for its employees while they work under the supervision and direction of the **Client** in the above described positions. **Client** must inform **Impact** of any prevailing rates set by any governmental agency or body prior to rate quotation.

Client certifies that **Impact** employees will be assigned to work only in the above described positions while working under the supervision and direction of the **Client**. **Client** agrees to take all due care in protecting **Impact** employees from exposure to any hazardous conditions or materials. If **Client** desires to change the work assignment of **Impact** employees, **Client** agrees to first obtain a new, signed Service Confirmation outlining the new Description of Work before the reassignment of **Impact** employees. If an **Impact** employee is injured while performing duties other than those described above or one of the prohibited duties described below, **Client** will be liable for and reimburse **Impact** for any costs directly associated to workers' compensation for the injured employee. **Client** agrees that it may not hire an **Impact** employee without written authorization from a Principle of **Impact Staffing LLC** and that all terms are payable within 15 Days of receipt of invoice. In any dispute concerning this agreement, the prevailing party will be entitled to recover its legal fees and expenses. **Impact Staffing requires a four hour daily minimum for each employee assigned. Payment due within 14 days of receipt**

Client also agrees that the following are **prohibited** work environments for **Impact** employees:
 * operate drill press, punch press or saw without written approval from **Impact**
 * operate any unsafe equipment
 * drive any type of vehicle (including fork lifts) without written approval from **Impact**
 * work off ground (ladders, roof tops, elevated platforms) or below the ground (excavation)
 * work with or near hazardous chemicals, materials, or flammable materials

<u>IMPACT</u>	<u>CLIENT</u>	<u>Date</u>
Signature: _____	Signature _____	____/____/____
Print Name: _____	Print Name: _____	



Credit Application

Branch: _____
Account Executive: _____

Client Information

Name: _____
 Contact: _____
 Address: _____
 City: _____
 State: _____ Zip: _____
 Phone: _____ Ext: _____
 Fax: _____

Billing Address

Name: _____
 Contact: _____
 Address: _____
 City: _____
 State: _____ Zip: _____
 Phone: _____ Ext: _____
 Fax: _____

Bill Rate: \$ _____ (est. for Credit Purposes) # of Temporary Employees per Day: _____
 Annual Sales: \$ _____ #of Years in Business: _____ SIC Code: _____
 Are Purchase Orders Required: Yes No If yes, how often? _____ PO#: _____

Invoice Format:

- Summary** **Summary by Employee** **Detail by Employee** **Summary by Time Ticket**

Bank References:

Deposit Bank: _____ Branch: _____ Acct.#: _____
 Contact: _____ Phone #: _____ Date Open: _____
 Loan Bank: _____ Branch: _____ Acct.#: _____
 Contact: _____ Phone #: _____ Date Open: _____

Trade References (Should be an existing, active vendor with significant volume with at least one year activity):

Company: _____ Contact: _____
 Address: _____ Phone: _____

 Company: _____ Contact: _____
 Address: _____ Phone: _____

The undersigned hereby certifies that the information in this credit application is correct. Impact Staffing and/or its agents are authorized to make investigations of our/my credit. The information provided enables Impact to determine the amount of credit and the conditions under which credit will be extended. The undersigned authorizes the bank and trade references listed above to release credit information on the client company. In any dispute concerning this agreement, the prevailing party will be entitled to recover its legal fees and expenses.

_____/____/____ **Client Signature** **Date** **Print Name and Title**