

APPLICATION FOR CREDIT
ALL TRADES TEMPORARY SERVICES, LLC

Customer Name: _____ Ph# _____ Date: _____

Accts Pay Contact: _____ Ph# _____ Fax # _____

Billing address: _____

Office/shop address: _____

Bonding Company: _____ Agent: _____ Ph# _____

TYPE OF OWNERSHIP - please circle one:

Corporation Partnership Sole proprietorship Limited liability company other

Please list officers, partners, proprietors or members.

Name: _____ SS#: _____ Ph#: _____

Name: _____ SS#: _____ Ph#: _____

Name: _____ SS#: _____ Ph#: _____

WORK CLASSIFICATION or PRODUCT/SERVICES (i.e. carpentry, concrete, and welding)

Special Requirements: (i.e. hard hats, tools, safety glasses, etc.)

Special Billing Requirements: (i.e. Po numbers, job numbers, group time slips, etc)

UNLESS OTHERWISE AGREED UPON OUR TERMS ARE 1.5% DISCOUNT IF INVOICES PAID UPON RECEIPT!! IF OTHER PAYMENT TERMS ARE REQUIRED PLEASE NOTE YOUR ACCTS PAYABLE CYLCE & WHAT TERMS YOU ARE REQUESTING!

CREDIT REFERENCES:

Bank: _____ Branch: _____

Acct#: _____ Contact: _____ Ph#: _____

Trades References – companies that have extended credit to your company.

Name: _____ Ph#: _____

Name: _____ Ph#: _____

Name: _____ Ph#: _____