

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#: \_\_\_\_\_