

FOCUS1 STAFFING APPLICATION FOR CREDIT

Legal Name of Company: _____ Date: _____

Street Address: _____ Acct. #: _____

City, State & Zip: _____ **Type of Organization:**

Phone: _____ Fax: _____ Partnership

Contact Name: _____ Sole Proprietorship

Email Address: _____ Corporation

Nature of your business: _____ Years in business: _____

If a corporation, please list state of incorporation: _____

Federal ID #: _____ DUNS#(if applicable) _____

If company is not a corporation please give indicate principals' information below and attach a copy of your certificate of doing business. Please attach additional sheet if more than two (2) principals:

Principal _____ Title: _____ SS# _____

Principal _____ Title: _____ SS# _____

Projected Weekly /Monthly Sales (indicate) \$ _____

Credit Limit Requested \$ _____

TRADE REFERENCES

COMPANY NAME: _____

ADDRESS: _____

CITY, STATE & ZIP: _____

PHONE NUMBER: _____ FAX NUMBER: _____

CONTACT NAME: _____ ACCOUNT NUMBER: _____

COMPANY NAME: _____

ADDRESS: _____

CITY, STATE & ZIP: _____

PHONE NUMBER: _____ FAX NUMBER: _____

CONTACT NAME: _____ ACCOUNT NUMBER: _____

COMPANY NAME: _____

ADDRESS: _____

CITY, STATE & ZIP: _____

PHONE NUMBER: _____ FAX NUMBER: _____

CONTACT NAME: _____ ACCOUNT NUMBER: _____

Potential Service: _____

Number of Employees Provided: _____ Bill Rate: _____

Mark Up: _____ Length of Assignment: _____

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Estimated Weekly Billing: _____

BANK REFERENCE

BANK NAME: _____
ADDRESS: _____
CITY, STATE & ZIP: _____
PHONE NUMBER: _____ FAX NUMBER: _____
CONTACT NAME: _____ ACCOUNT NUMBER: _____

For the purpose of obtaining services on Credit, or for the extension of credit, I make the following statement in writing, intending that you should rely thereon regarding the Company's financial condition. I also give my authorization for you or your agent to contact any appropriate third parties or credit agencies to verify the accuracy of information submitted and to retain such information for its records. I understand this information is being relied upon in considering this application.

The information given on this application will be used solely for the purpose of establishing credit and credit limit with our company. We understand your terms and conditions and submit our application for approval. In making this application for credit, I agree that acceptance of your service constitutes an agreement to the Terms stated on each invoice and timesheets. In the event of default of the account and placement of the amount for collection, I agree to pay any and all reasonable collection and/or attorney fees and costs which may be incurred. If credit is granted, I agree to all the above terms of this agreement. I understand that this agreement cannot be changed or terminated orally.

Upon your granting of credit, I agree:

1. To pay you the amount of each invoice upon receipt of each invoice.
2. Default in payment on any portion of the account shall make the entire account balance due and payable.

The terms of this agreement and any applicable service agreement and your applicable books of account, including invoices and time cards, constitute the entire agreement between us; waiver by you of any default or provision of the agreement shall not be a waiver of any other or later default or provision. I also authorize you to contact my banking and trade references.

Date: _____

Company Name _____

By:
Signature: _____ **Title:** _____

Return to Corporate Credit Department:

E-mail to accounting@focus1hr.com mail - P. O. Box 7478, Corpus Christi, TX 78467
Credit Department Phone (361) 883-7300 x901 Fax (361) 288-8525

For Office Use Only

Business Unit Name _____