

CREDIT APPLICATION

Thank you for choosing Davis for your employment needs. In order to establish a credit account for your company, we require that the following information be completed in its entirety. Please submit application to our accounting department either by mail, email or fax. Approval lead-time is 3-5 days prior to your first order for a Davis employee. We will hold all information in the strictest of confidence.

COMPANY BILLING INFORMATION

Company Name _____ Year Established _____

Street Address _____ City _____ State _____ Zip _____

Telephone _____ FAX _____ W.C. # (4 digits) _____ P.O. # Required? Yes No

Business Type: Partnership Corporation Individual Website: _____

Credit Amount Requested \$ _____ Do you need a copy of employee timesheets included with your invoice? Yes No

Do you prefer your invoices be emailed instead of mailed? Yes No If so, what email address? _____

Special Billing Requirements:

AUTHORIZED PERSONNEL (Accounts Payable)

Accounts Payable Name _____ Title _____

Direct Phone Number _____ Fax _____ Email _____

AUTHORIZED PERSONNEL (Client Representative(s) Authorized to Verbally Confirm Temporary Employee Hours)

Rep 1 Name _____ Rep 1 Title _____

Direct Phone _____ Fax _____ Email _____

Rep 2 Name _____ Rep 2 Title _____

Direct Phone _____ Fax _____ Email _____

VENDOR REFERENCES

Company 1: Name _____ Phone _____

Address _____

Account # _____ Fax _____

Company 2: Name _____ Phone _____

Address _____

Account # _____ Fax _____

Company 3: Name _____ Phone _____

Address _____

Account # _____ Fax _____

AUTHORIZATION BILLING/ACCOUNT AGREEMENT

Please accept this as authorization to release information regarding our accounts listed on Page 1 to Davis Staffing, Inc. for the purpose of extending credit. We understand that this information will be kept in the strictest of confidence between your organization and Davis Staffing, Inc.

The Applicant/Buyer will have the responsibility of assuring that the information on the original time card is completed accurately and has the correct signature to authorize payment of a Davis employee. After which an invoice is produced for services rendered.

Davis Staffing invoices are **Due Upon Receipt** (unless otherwise agreed upon) and are subject to credit approval. This is due to the fact that unlike most products that companies purchase we must make payment to our suppliers (employees) immediately. Our temporary employees cash their checks immediately, the employment taxes must be paid twice weekly and our workers' compensation policy must be funded six months in advance. We are sure this can be appreciated since you must also manage your own payroll and insurance. Upon approval of this application, an account will be opened for your convenience. All payments are due in our office within terms of each invoice.

Our credit policy is that if invoices remain unpaid after 30 days of invoice date then service will be discontinued until payment is received. A 1.5% finance charge will be applied to accounts that become 30 days overdue. If failure to pay according to the terms of this Agreement results in having the account sent to collections, Buyer agrees to pay Davis Staffing, Inc. reasonable debt-recovery costs and/or attorney fees and all court costs.

Davis Staffing, Inc. is authorized to investigate Buyer's credit record. Davis Staffing, Inc. is authorized to report Buyer's performance on this agreement to proper persons and credit agencies whenever Buyer gives Davis Staffing, Inc.'s name as a credit reference.

To secure full payment of this purchase price of all services, Buyer, as debtor hereby grants to Davis Staffing, Inc., as secured party, a purchase money security interest in all goods to be purchased hereunder and shall execute upon request of Davis Staffing, Inc. per, such financing statements or other documents as may be deemed necessary or appropriate by Davis Staffing, Inc. to perfect or protect its security interest hereby created.

The undersigned hereby certifies that he or she is duly authorized to sign this application on behalf of Applicant/Buyer, that the information given in this application is true and correct to the best of his or her knowledge and that the Applicant/Buyer hereby agrees to the foregoing terms and conditions. We look forward to working with your company to help solve your firms staffing requirements.

CUSTOMER ACCEPTANCE: (REQUIRED)

Full Name of Company

Authorized Representative Name (Please Print)

Title

Authorized Representative Signature

Date