

**Payment Terms, Bill Rates and Fees**

3. CLIENT will pay ESSG for its performance at the rates set forth on Exhibit A and will also pay any additional costs or fees set forth in this Agreement. ESSG will invoice CLIENT for services provided under this Agreement on a weekly basis. Payment is due on receipt of invoice. CLIENT agrees to pay the costs of collection, including attorneys' fees and costs, if CLIENT fails to pay amounts that are due and outstanding under this Agreement.
  
5. Client may hire an assigned employee for permanent employment after **480 hours** of service have elapsed. Upon completion of **480 hours**, the employee may rollover to a permanent position if the client desires at no additional fee of the Agreement.
  
6. Client is not obligated to hire an employee upon the completion of the 480 hours and the employee may continue to work for Client as an assigned employee under this Agreement after **480 hours** of service.
  
7. Should Client desire to permanently hire an employee before the **480 hours** of paid service have elapsed, Client may do so at the following rate:

$$(\text{bill rate} - \text{pay rate}) \times \text{remaining hours} = \text{conversion fee}$$

**Duration of Agreement**

8. This Agreement shall be for a term of one year and may be renewed by the parties thereafter for subsequent terms.

**AGREED TO:**

**Employer Solutions Staffing Group LLC**

By: \_\_\_\_\_

Date: \_\_\_\_\_  
7301 Ohms Lane, Suite 405  
Edina, Minnesota 55439

Client: **Plasticert, Inc.**

By:  \_\_\_\_\_

Title: President/Owner

Date: 03/22/12

Address: 300 WILSON ST W.  
LEWISTON MN 55952

**Exhibit A  
Rate Schedule**

<b>Job Title or Description</b>	<b>Shift</b>	<b>Hourly Pay Rate</b>	<b>Hourly Bill Rate</b>
General Labor	1 <sup>st</sup>	8.50	12.16
General Labor	1 <sup>st</sup>	9.00	12.87

AGREED:

Client: Plasticert, Inc.

By

Its

*President/Owner*

Dated:

*09/12/12*



# employer solutions staffing group<sup>llc</sup>

## New Staffing Client information Sheet

Company Name: Plasti Cert, Inc

Billing Contact Name: Bob Giese

Billing Address: 300 Wilson St North  
Lewiston, MN 55952

Physical Employee Location Address: 300 Wilson St North  
Lewiston, MN 55952

Phone: 507-523-2300 Fax: 507-523-2541

Billing eMail: craigp@plasticert.com

What state will the employees be working in? MN

Number of Employees: 1

Date employees will become employees of ESSG: 3/12/12

Nature of Company's Business: Plastic injection molding  
Company

Summary of Job Descriptions Involved: General labor - packing  
assembly, clean up

WC Code(s): 4484

Billing Rate(s): 14.3 Regular and overtime

### FOR OFFICE USE ONLY

Company/Dept:	_____	Location Code:	_____
Class Code:	_____	Sales Rep:	_____
Ins. Co:	_____	Payroll Admin:	_____
WC Code:	_____	Accounting:	_____
Internal Rate:	_____		

Employer Solutions Staffing Group  
**CREDIT APPLICATION FOR A BUSINESS ACCOUNT**

BUSINESS CONTACT INFORMATION

Title: *President/owner*  
Company name: *PlastiCert Inc*  
Phone: *507523 2300* Fax: *507523 2541* E-mail: *creig@plasticert.com*  
Registered company address: *300 WILSON STREET NORTH PO Box 670*  
City: *Lewiston* State: *MN* ZIP Code: *55952*  
Date business commenced: *1981*  
Sole proprietorship: Partnership: Corporation:  Other:

BUSINESS AND CREDIT INFORMATION

Primary business address: *SAME AS ABOVE*  
City: State: ZIP Code:  
How long at current address? *10 YRS*  
Telephone: *SAME* Fax: E-mail:  
Bank name: *Merchants Bank*  
Bank address: *102 East Third St.* Phone: *507-457-9303*  
City: *WINDOM* State: *MN* ZIP Code: *55987*  
Type of account Account number  
Savings *: 7053030*  
Checking *10089103*  
Other *10089098*

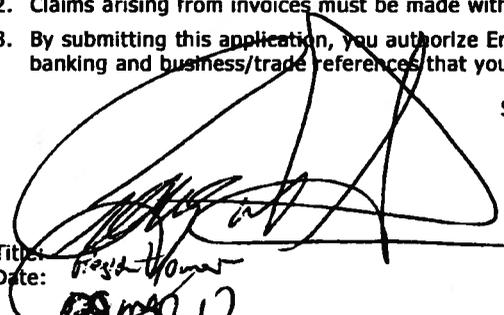
BUSINESS/TRADE REFERENCES

Company name: *see attached*  
Address:  
City: State: ZIP Code:  
Phone: Fax: E-mail:  
Type of account:  
Company name:  
Address:  
City: State: ZIP Code:  
Phone: Fax: E-mail:  
Type of account:  
Company name:  
Address:  
City: State: ZIP Code:  
Phone: Fax: E-mail:  
Type of account:

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize Employer Solutions Staffing Group to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

  
Title: \_\_\_\_\_ Date: *09/02/12*  
Title: \_\_\_\_\_ Date: \_\_\_\_\_

Ph: 507 523 2300  
Fax 507 523 2541

# **PlastiCert, Inc.**

Injection Molding Solutions

## **Molding Your Future**

Company: PlastiCert, Inc.

Finance & HR Director: Robert Geesey

Phone: (507) 523-2300

EIN#: 23-2158895

Fax (507) 523-2541

Accounts Payable: Lana Knabel

President: Craig W. Porter

Year Company Started: 1981

Annual Sales: \$3,000,000

Number of Employees: 20

### **BANK REFERENCE:**

Merchants Bank  
102 East Third Street  
Winona, MN 55987  
Phone: (507) 457-1100  
Fax: (507) 457-1101

Account # 10089103

### **TRADE REFERENCES:**

Transpec Fasteners Inc.  
2700 Handley-Ederville Rd.  
Fort Worth, TX 76118  
Phone: (817) 462-9300  
Fax: (817) 462-9336

Uline  
2200 S. Lakeside Drive  
Waukegan, IL 60085  
Phone: 800-295-5510

Nexeo Solutions, LLC  
5200 Blazer Parkway  
Dublin, OH 43017  
Phone: (614) 790-4523  
Fax: (614) 790-3021