



### New Staffing Customer Information Sheet

Company Name: \_\_\_\_\_

Billing Contact Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_

Billing Email: \_\_\_\_\_ Email Invoice: \_\_\_\_\_

Billing Terms: Net 30 Net 45 Other \_\_\_\_\_

Physical Work Location Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

What state will the employees be working in? \_\_\_\_\_

Date employees become ESSG's: \_\_\_\_\_ 1st Pay Date: \_\_\_\_\_

Projected Annual Payroll: \_\_\_\_\_ Number of Placements: \_\_\_\_\_

Pay Period: (Sun-Sat) (Mon-Sun) Other: \_\_\_\_\_

Nature of Company's Business: \_\_\_\_\_

WC Code(s): \_\_\_\_\_

Summary of Job Descriptions Involved: \_\_\_\_\_

Describe equipment/machinery to be operated: \_\_\_\_\_

Is personal protection equipment required? If so, what? \_\_\_\_\_

Is there any exposure to chemicals? What kinds? \_\_\_\_\_

**Please attach Credit Application and Staffing Agreement and submit to your Sales Contact at ESSG**

**ESSG USE ONLY**

<b>Company/FEIN:</b> _____	<b>Sales Person:</b> _____
<b>WC Code:</b> _____	<b>Funded By:</b> _____
<b>Ins. Co:</b> _____	<b>Credit Amount:</b> _____
<b>WC Rate:</b> _____	<b>Credit Check:</b> _____
<b>Internal Rate:</b> _____	<b>Accounting:</b> _____
<b>Payroll Admin:</b> _____	<b>File/COI:</b> _____
<b>Branch/AMC Code:</b> _____	<b>Signed SA to client:</b> _____

Updated: \_\_\_\_\_