



CREDIT INFORMATION FORM

Company Name: _____ Phone: _____
 Contact (Accts Pay Dept): _____ Fax: _____
 Address: _____
 Special Billing Instructions (if any) _____
 Type of Business: _____
 Business Structure: Sole Proprietor Partnership Corporation Other _____

PRINCIPAL OFFICERS, PARTNERS OR OWNERS

Name: _____ Title: _____
 Name: _____ Title: _____
 SIC Code: _____ Tax I.D. # _____ Public or Private? _____
 Nature of Business: _____ Product/Service? _____
 Year Established _____ How long at location: _____
 Are you listed with Dun and Bradstreet? _____ List Duns number: _____
 Does your Company have any other names: _____ If yes, list name: _____
 Address: _____ Number of Offices: _____

BANK REFERENCES

Bank Name: _____ Location: _____
 Contract (officer): _____ Phone: _____
 Account #: _____ Date opened: _____
 Type of accounts: Checking Market Accounts Savings Line of Credit Loans

SUPPLIER REFERENCES (Prefer Local References)

Name: _____	Name: _____
Address: _____	Address: _____
Phone: _____	Phone: _____
Products: _____	Products: _____
Date acct. opened: _____	Date acct. opened _____
Payment Record: <input type="checkbox"/> Prompt <input type="checkbox"/> Slow	Payment Record: <input type="checkbox"/> Prompt <input type="checkbox"/> Slow

I/We certify the above information is true and complete and is given for purpose of obtaining credit with Josephine's Professional Staffing, Inc. You may verify this information and provide information on this account to others seeking information. I/We understand that invoices are due and payable upon receipt. I/We agree to pay all invoices on time, pay 1.5% per month for an annual rate of 18% service charge on past due amounts, pay court costs, and/or reasonable attorney's fees, or both if collection is necessary through process of suit. I certify that I am authorized to sign for an open account for the above company/individual.

Print Name: _____ Signed By: _____