

## CONFIDENTIAL CLIENT INFORMATION

The undersigned, for the purpose of obtaining credit from Staffing Solutions, LLC/K-Counsel® submits the following representation. All representations are complete and accurate. In the event of any changes in any of the representations herein, the undersigned agrees to immediately notify Staffing Solutions, LLC/K-Counsel®.

Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax : \_\_\_\_\_

Address (Street, City, State, Zip): \_\_\_\_\_

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

Type of Business: \_\_\_\_\_ Date Established: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

Branch or Division -Yes ☐ No ☐ Name and Location of Parent Company: \_\_\_\_\_

Phone: \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_

Type of Organization (Check One) Sole Proprietor ☐ Partnership/LLC/LLP ☐ Corporation ☐  
State Organized \_\_\_\_\_ Federal Tax ID Number: \_\_\_\_\_

Give Name, Title, and Social Security Number of all Owners or Officers (attach additional sheets if needed):

Name: \_\_\_\_\_ Title: \_\_\_\_\_ SSN: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ SSN: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ SSN: \_\_\_\_\_

## FINANCIAL INFORMATION

Date of Information: \_\_\_\_\_ Current Assets: \_\_\_\_\_ Total Assets: \_\_\_\_\_

Current Liabilities: \_\_\_\_\_ Total Liabilities: \_\_\_\_\_ Net Worth: \_\_\_\_\_

Note: Please attach a complete set of financial statements if you are a newly established business or have a limited credit history.

## BANK & TRADE REFERENCE

Bank: \_\_\_\_\_ Phone: \_\_\_\_\_

Account Number: \_\_\_\_\_ Branch: \_\_\_\_\_ Contact: \_\_\_\_\_

Major Suppliers: 1) \_\_\_\_\_ Phone: \_\_\_\_\_

Major Suppliers: 2) \_\_\_\_\_ Phone: \_\_\_\_\_

Major Suppliers: 3) \_\_\_\_\_ Phone: \_\_\_\_\_

I have carefully reviewed the representations set forth above and certify all such representations to be complete and correct. **I agree to the terms and to pay our account within the terms of the Master Agreement attached hereto, receipt is hereby acknowledged, and on the back of each time sheet.** I also authorize the banks, suppliers or persons named above to **release** to you all information regarding our credit worthiness. I hereby release said banks, suppliers or persons from all liability for any damage for issuing this information

Authorized Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Dated: \_\_\_\_\_

☐ Check if guarantee required. If checked, then LLC\LLP member or corporate majority shareholder must guarantee.

Guaranteed by: \_\_\_\_\_ Title: \_\_\_\_\_