

APPLICATION FOR CREDIT

QUICK TEMPS, INC.

Date

Name of Firm or Individual		Type of Business	
Street Address	City	State	Zip
Mailing Address			
Years at above address	Phone Number	Fax Number	

The following information must be provided. It will be held in the strictest confidence.

Type of business: Individual ____ Partnership ____ Corporation ____ Federal Tax No. _____

Name(s) of Principal(s)	Address	Social Security No.	Phone
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Finance

Bank	Address
Account Number	Bank Officer

Trade References:

1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Applicant's signature attests financial responsibility, ability and willingness to pay our invoices in accordance with the following terms:

The above information is for the purpose of obtaining credit and is warranted to be true. I/we hereby authorize the firm to whom this application is made to investigate the references listed pertaining to my/our credit and financial responsibility.

A late payment charge of 1-1/2% per month (18% per annum) accrues on the total past due balance (minimum of 50 cents).

_____	Firm name		
_____	By	_____	Title
_____	By	_____	Title

For Office Use Only

- _____
- _____
- _____
- _____