



New Staffing Customer Information Sheet

Customer Name: _____

Staffing Company Name: _____ Branch Location: _____

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? _____

ESSG USE ONLY

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

Updated: _____