



**employer solutions staffing group**  
Leveraging Resources in a Changing Market

### 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

<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: \_\_\_\_\_