



New Staffing Customer Information Sheet

Customer Name:

Staffing Company Name: Integrative Staffing Group Branch Location: Ambridge

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: N/A 1st Pay Date: N/A

Projected Annual Payroll: N/A Number of Placements: X


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: _____

WC Code: _____

Ins. Co: _____

WC Rate: _____

Internal Rate: _____

Payroll Admin: _____

Branch/AMC Code: _____

Sales Person: _____

Funded By: _____

Credit Amount:

Credit Check: _____

Accounting:

File/COI: _____

Signed SA to client:

Updated: _____