

**TempStar Staffing
New Client Business Profile**

NAME _____ YEARS IN BUSINESS _____

SITE ADDRESS

BILLING ADDRESS

TEL NUMBER _____

FAX NUMBER _____

TYPE OF BUSINESS: CORPORATION ___ PROPRIETORSHIP ___ PARTNERSHIP ___

NATURE OF BUSINESS _____

NAME OF OWNER OR PRINCIPALS

NAME _____ POSITION _____

NAME _____ POSITION _____

NAME _____ POSITION _____

PERSON TO CONTACT REGARDING PAYMENT

NAME _____ POSITION _____

BANK REFERENCES

NAME _____

NAME _____

ADDRESS _____

ADDRESS _____

TEL NUMBER _____

TEL NUMBER _____

ACCOUNT NUMBER _____

ACCOUNT NUMBER _____

NUMBER OF YEARS WITH BANK _____

NUMBER OF YEARS WITH BANK _____

TRADE REFERENCES

NAME

ADDRESS

TELEPHONE

FAX

NAME

ADDRESS

TELEPHONE

FAX

SIGNED

TITLE

DATE

By executing this Release, you hereby authorize TempStar Staffing to contact any and all Banking institutions and/or trade creditors with whom you currently may have a business relationship (or with whom you may have had a business relationship in the past) in order to obtain information regarding that business relationship and/or to confirm the information provided to TempStar Staffing in this Business Profile. It is understood that all information received will be held by TempStar Staffing in strict confidence and used by TempStar Staffing for its business purposes only.

INTERNAL OFFICE USE ONLY

CD_____

OM_____

AR_____

AM_____