



Credit Information

Thank you for the opportunity to provide temporary employment services to your company. Please complete this form in order to establish a credit account with OPTION 1 Staffing Services. This information is confidential. It is intended solely for the use by OPTION 1 Staffing Services to establish your credit account.

We appreciate the opportunity to work with you. OPTION 1 Staffing Services looks forward to a strong and positive working relationship.

Sincerely,

OPTION 1 Staffing Services

| | | | | | | | |
|-----------------|------------------|-------------------|-------------------|-------------|------------------------------|------------|----------------|
| COMPANY NAME | | | | | | | |
| DIVISION OF | | | | PHONE | | FAX | |
| STREET | | | | | | | |
| CITY | | | | STATE | | ZIP CODE | |
| BILLING ADDRESS | | | | A/P CONTACT | | | |
| BANK REFERENCE | ACCOUNT # | PERSON TO CONTACT | | PHONE/FAX # | SINCE | RATING | AVG. DAILY BAL |
| | | | | | | OFFICE USE | |
| | | | | | | | |
| TRADE REFERENCE | PRODUCT SUPPLIED | ACCT. # | PERSON TO CONTACT | PHONE # | HIGHEST ACCT CREDIT EXTENDED | SINCE | PMT. TERMS |
| | | | | | | OFFICE USE | |
| | | | | | | | |
| | | | | | | | |

We, the undersigned, give OPTION 1 Staffing Services, Inc. authorization to obtain all credit/reference information related to our company. We also authorize our creditors to release this information to OPTION 1 Staffing Services, Inc. upon request.

Company Name _____ Date _____

Company Representative _____ Title _____