



LATIN LABOR STAFFING

4221- South Blvd
 Charlotte, NC 28209
 704-676-5282 Offices
 704-676-5283 Fax
 www.latinlabor.net

Application for Credit

Date _____ Email Address: _____

COMPANY INFORMATION

| | | |
|--|---------------|-------------|
| Full Legal Name/Business Entity | Phone Number: | Fax Number: |
| Company Address | City | State Zip |
| Billing Address (If different) | City | State Zip |
| Company Type: | | |
| _____ Partnership _____ Franchisee _____ Corporation Other _____ | | |

BUSINESS CREDIT INFORMATION

| | | |
|---------------------------|-----------------------------------|----------------------------------|
| Federal Tax I.D | Applicant doing Business as (DBA) | Year business established |
| At present location since | is business incorporated? | If so, under laws of what state? |
| Contractor License | Annual Sales | Business License D&B Number # |

BANK REFERENCES

| | | |
|-----------|-----------|-----------------|
| Bank Name | Account # | Contact |
| Address | City | State Zip Phone |

CREDIT REFERENCES

| | | |
|--------------|---------|-----------------|
| Company Name | Contact | Account # |
| Address | City | State Zip Phone |
| Company Name | Contact | Account # |
| Address | City | State Zip Phone |
| Company Name | Contact | Account # |
| Address | City | State Zip Phone |

Proprietor Guaranty / Authorization

By signing this Application, I authorize Latin Labor Staffing or its agent to investigate my personal credit and financial records including my banking records. As part of such investigation, I authorize Latin Labor Staffing to request and obtain consumer credit reports on me, and my business in connection with the application for the services I am requesting.

I also acknowledge that I have personally guaranteed the debts and obligations of my business and agree that I am personally obligated to perform all of the terms of, and make all payments to Latin Labor Staffing required by the agreement of which this Application is a part.

Please fill out (If not D&B listed)

| | | | | |
|-----------------------------|---------|-----------|------------------------|-------------------------|
| First Name | Initial | Last Name | Social Security Number | Driver's License Number |
| Present Home Address | | | Home Phone Number | |
| City | State | | Zip | |
| Authorized Signature | | | Date | |

IN COMPLETING THIS APPLICATION FOR CREDIT, I/ WE HEARBY AGREE THAT ALL AMOUNTS ARE PAYABLE ON OR BEFORE THE TERM DATE REFLECTED ON THE INVOICE. IF THE INVOICE IS NOT PAID ON THE SAID DATE, THE INVOICE WILL BE VIEWED AS DELINQUENT. FURTHER WE AGREE TO PAY A DELINQUENCY FEE OF 2% PER MONTH ON ANY INVOICES NOT PAID WITHIN 30 DAYS.

ALL RETURNED CHECKS WOULD BE CHARGED A NSF FEE. THE NSF FEE WILL BE THE MAXIMUM AMOUNT ALLOWED BY THE STATE IN, WHICH THE CHECK IS PAID. AFTER WHICH YOUR ACCOUNT MAY BE PLACED ON A "CASH ONLY" BASIS.

IF CREDIT IS GRANTED, WE THE UNDERSIGNED AGREE TO THE TERMS SET FORTH ABOVE. I/ WE HEREBY PERSONALLY GUARANTEE THE PAYMENT OF ALL OBLIGATIONS TO LATIN LABOR STAFFING UNTIL WITHDRAWN BY CERTIFIED MAIL. WE RECOGNIZE THAT THE CREDIT LINE MAY INCREASE OR DECREASE AT THE DISCRETION OF LATIN LABOR STAFFING AT ANY TIME. I/WE FURTHER AGREE THAT SHOULD THE ACCOUNT BE PLACED FOR COLLECTION DUE TO NON-PAYMENT, I/WE WILL BE RESPONSIBLE FOR ALL REASONABLE ATTORNEY AND COLLECTION FEES.

SIGNED _____

SIGNED _____

DATE _____

WITNESS _____

*****THIS APPLICATION MUST BE FILLED OUT COMPLETELY TO BE CONSIDERED FOR CREDIT*****