



1110 Morse Road
Columbus, OH 43229

SERVICE: 614-431-5100
FAX: 614-438-0010

APPLICATION FOR CREDIT

CUSTOMER INFORMATION

Applicant's Legal Business Name		DBA		AP Contact Name	
Address			City		State Zip
Billing Address (if different from above)			City		State Zip
Phone Number		Fax Number		Email Address Web Address	
Business Entity is a		State of Incorporation		Year Incorporated Tax ID #	
<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership		<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Joint Venture			
Years at Present Location		Pending Litigation Against You or Business?		Plaintiff? Amount of Controversy	
<input type="checkbox"/> Own <input type="checkbox"/> Lease		<input type="checkbox"/> Yes <input type="checkbox"/> No			

Parent Company		Does Parent Company Guarantee Debt?		Parent Tax ID # D&B Number (DUNS)	
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Parent Company Address			City		State Zip

Owner(s)/Partner(s)/Member(s)/Executive(s)

Position	Name	Home Address/City/State/Zip	Phone Number

Bank References

Bank Name	Branch	City	Phone Number	Account Number
1.				
2.				

Trade References

Name	Address/City/State/Zip	Phone
1.		
2.		
3.		

Are You Working as a Contractor or Subcontractor on This Job?		Contracting Company		Phone Number	
<input type="checkbox"/> Yes <input type="checkbox"/> No					
Address/City/State/Zip				Account Number	
Do You Always Issue Purchase Orders?		Sales Tax Status		In order for us to recognize your exempt status, we must obtain a copy of your tax exempt certificate or direct pay permit	
<input type="checkbox"/> Yes <input type="checkbox"/> No PO# =		<input type="checkbox"/> Taxable <input type="checkbox"/> Exempt			
Have You Used i force Before?		Location		Contact Phone Number	
<input type="checkbox"/> Yes <input type="checkbox"/> No					

Customer's Obligations

The Customer agrees to sign the time slip presented to it by iforce employees in order to record compensable working time of such iforce employees, and to designate a member of its staff who will be authorized to sign such time slips on behalf of the Customer. In the event the Customer's authorized representative is unavailable to sign the time slips, it is agreed that iforce is appointed as agent of the Customer for the sole purpose of signing such time slips on behalf of the customer for the iforce employees assigned. iforce time slips signed by the Customer or time approved within the Web Center will be conclusive as to the number of compensable hours worked by each iforce employee for that work week. In the case of web time, Customer hereby agrees to the Terms and Conditions set forth on E-Solutions.

Confirmation of Information Accuracy and Release of Authority to Verify

The undersigned hereby certifies that all information in this credit application is correct. The information included in this credit application is for use by iforce, LLC ("iforce") in determining whether or not to extend credit to the applicant. The undersigned understands that iforce may also utilize other sources of credit information that it considers necessary in making this determination. Payment Terms: If credit is extended, the undersigned agrees to pay all charges incurred by iforce and/or third party, in the collection of the undersigned's account, including, but not limited to, court costs and attorney fees. iforce will invoice the Customer weekly at the address set forth above. iforce timesheets approved by the Customer will be conclusive to the number of compensable hours worked by each iforce employee assigned to the Customer for that work week. The undersigned understands that iforce's terms are NET DUE UPON RECEIPT and are subject to a finance charge 30 days from invoice date.

If the undersigned is signing on behalf of a corporation or partnership, the undersigned has authority to bind the corporation/partnership.

_____	_____
Applicant Name - if applicant is a partnership, application must be signed by a partner	Date
by _____	it's _____
Applicant Signature	Title - Authorized officer or representative

Continuing Personal Guaranty

The undersigned, jointly and severally, hereby unconditionally guarantee the prompt and complete payment of any and all obligations of said Applicant which have in the past or may in the future be owing to iforce on open account or otherwise, including without limitation service charges and attorney fees. The undersigned hereby waives notice of acceptance hereof, all notices of any kind to which we may be entitled, and all defenses of a guarantor or surety. This guarantee is a guarantee of payment rather than a guarantee of collection. The obligation and liability of each of the undersigned is direct, continuing and unconditional, shall not be affected by the cancellation of service by either party, and creditor shall not be required to proceed against applicant, or to resort to any other right, remedy, or security before proceeding against the undersigned under this agreement. The undersigned warrants that they have read and agree to the above terms and conditions, and that only the full payment of all outstanding balances will discharge the undersigned's liability hereunder.

_____	_____
Guarantor's Name - An Individual, No Title	Guarantor's Street Address
_____	_____
Guarantor's Signature - An Individual, No Title	Guarantor's Social Security Number

Date	

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Corporate Guaranty

Guarantor hereby unconditionally and absolutely guarantees the punctual payment of iforce invoices as and when due of Debtor's payment obligations arising under any agreement, as such agreement may be amended or modified from time to time. Guarantor's obligations and liability under this guaranty shall be limited to payment obligations only. The liability of the Guarantor under this guaranty shall be absolute and unconditional.

_____	_____
Company Name	Authorized Signature
_____	_____
Company's Street Address	Print Name
_____	_____
Date	Signor's Title