



**III. AUTHORIZATION TO RELEASE INFORMATION AND ACCEPTANCE OF TERMS AND RESPONSIBILITIES**

Authorization is given to do a credit check on the above references.

As part of this credit agreement we agree that the utilization of WAL-STAF employees will be through WAL-STAF. If we desire to hire an employee we will notify WAL-STAF of this intent and the employee will remain on WAL-STAF's payroll for a period of at least 560 work hours or we will pay a direct hire fee of 20% of the employee's annual salary. If an employee's assignment ends, we agree not to hire or refer the employee to an affiliate who hires them within (12) months of working through WAL-STAF or we agree to pay a fee of 30% of employee's annual salary.

WAL-STAF will invoice us on a weekly basis and we will pay these within 10 days of receipt. We agree to pay a 1.5% late fee per month for invoices not paid within 30 days of the invoice date.

We understand that a separate Client Motorized Vehicle Agreement is required before a WAL-STAF employee is authorized to drive any motorized vehicle while on assignment.

Signature:	Date:
Printed Name:	Title:

**IV. PROPRIETOR GUARANTY**

Guarantor below agrees that in the event of default in payment by the listed client company for a period of at least 30 days, WAL-STAF shall be entitled to look to the undersigned immediately for such payment without the necessity of proceeding first against the corporation to collect any indebtedness incurred by the client. Both the client and the guarantor shall be responsible for reasonable attorney's fees and costs incurred in said collection. If more than one person executes this application for credit and guarantee, their liabilities shall be joint and several.

**PRINCIPAL OWNERS AND/OR OFFICERS:**

First Name:	Initial	Last Name:
Present Home Address:	Home Phone #:	
City:	State:	Zip Code:
Signature:	Title:	Date:

First Name:	Initial	Last Name:
Present Home Address:	Home Phone #:	
City:	State:	Zip Code:
Signature:	Title:	Date:

First Name:	Initial	Last Name:
Present Home Address:	Home Phone #:	
City:	State:	Zip Code:
Signature:	Title:	Date:

**V. PREFERENCES**

**INVOICING**

- Include all employees on one weekly invoice (default)
- Send a separate invoice for each PO# / employee (circle one)
- PO# Required