



New Customer Application

Fill out completely and fax to your DM on the **first day** workers are sent to the jobsite.

First Date of Order: _____ Branch: _____ District: _____

Customer Information:

Customer Name: _____ Customer Code: _____

Billing Address: _____ Email: _____

(If P.O. Box, must also give a physical address)

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ Contact Name: _____

(If Cell phone, must also give a land line phone #)

Accts. Payable Contact: _____ Corporation: _____ LLC: _____ Sole Proprietor: _____

Fed. Tax ID # : _____ UBI # : _____ Contract License # : _____

(If Applicable)

Bank: _____ Branch: _____ Phone: _____

Trade References:

1.) _____ Phone: _____

2.) _____ Phone: _____

Job Description:

1.) Description of Work: _____ L&I Code: _____

2.) Description of Work: _____ L&I Code: _____

Is this a prevailing wage job? Yes: _____ No: _____ Rate of Pay: _____

How Did You Hear About LaborWorks? (Please circle one)

Sales Person _____ Phonebook _____ Mailer _____ Internet _____ CD _____ Other: _____

(Initials)

Radio _____ Newspaper _____ Referred by: _____

Do you know of any other company that could use our services?

Company Name: _____ Phone: _____

Contact Name: _____ Title: _____

Sales Tax: Are our workers helping on something upon which sales tax is being charged?

Yes: _____ No: _____ If No, initial here: _____

If yes, please fill out a resale certificate and return with your application. If for some other reason you are exempt from sales tax, please let us know. If you answered no, or do not provide a resale certificate, WA State may require us to charge sales tax.

Customer Agreement:

I authorize LaborWorks to make any inquiries deemed necessary to evaluate the named customers' credit worthiness.

Print Name: _____ Date: _____

Customer Signature: _____ Title: _____