



Client Information Sheet

1019 Camden
San Antonio, Texas 78215
210-271-3060 210-271-3378 (Fax)

PLEASE COMPLETE AND RETURN THE FOLLOWING INFORMATION:

Legal Client Name: _____ **Trade Name(dba):** _____

Billing Address: _____ **City/St/Zip:** _____

Billing E-Mail: _____ **Website:** _____

Telephone No.: _____ **Fax No:** _____

Federal Tax ID: _____

Financial Contact: _____ **Telephone No:** _____

Type of Business: _____ **Yrs In Bus:** _____

PO's Required: (Y) ___ (N) ___ **Workers Comp Code:** _____

Bank References:

Name: _____ **Bank Contact:** _____ **Telephone No:** _____

Trade References:

Company Name: _____ **Telephone No:** _____

Address: _____ **City/St/Zip:** _____

Company Name: _____ **Telephone No:** _____

Address: _____ **City/St/Zip:** _____

Personnel Authorized to Order Temporary Personnel:

Name: _____ **Title:** _____ **Telephone No:** _____

Name: _____ **Title:** _____ **Telephone No:** _____

Completed By: _____ **Telephone No:** _____

Print Name: _____ **Title:** _____

Office Use Only

Sales Person: _____ **Manager:** _____

Date: _____ **New Client:** ___ **Existing Client:** ___ **Prospect:** ___