



Name: _____ Date: _____

Company Name: _____

Work Location
Address: _____

County: _____ Local Tax City _____

Phone: () _____ Fax: () _____

Bill To Address: _____

A/P Contact : _____ Phone: () _____

Corporate Office Location : _____

Phone: () _____ Fax: () _____

Federal ID# _____ BWC Policy# _____ Main NCCI Code: _____ RN

Tax Exempt or Direct Pay Customers- Please provide documentation prior to invoicing.

Invoice Information

Contact Name To Be Listed On Invoices: _____

PO # Required: **YES / NO**

Employees Per Invoice: **ONE / MULTIPLE**

Send Invoices Via: **US MAIL / FAX / EMAIL**

Email Address/Fax# _____

Special Invoicing Instructions: _____

Payments To Alliance Staffing Solutions Will Be Made Via: **CHECK / ACH-EDI / CREDIT CARD*****

***** Credit card payments will be assessed a 5% processing fee**

Alliance Staffing Solutions Terms ~ Due Upon Receipt