



## Credit Application Form

Please fill out and FAX back to: 416-535-0538

### Company/Client Profile

Company/Client Legal Name: \_\_\_\_\_

Full Mailing Address: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Fax: \_\_\_\_\_

Website: \_\_\_\_\_ Email: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Accounts Payable contact: \_\_\_\_\_ Phone/extension: \_\_\_\_\_

Controller Contact: \_\_\_\_\_ Phone/extension: \_\_\_\_\_

Accounts Payable Address (if different): \_\_\_\_\_

Union Member: Yes  No  Corporate Statistics  
in Operation since: \_\_\_\_\_

Banking Information  
Bank Name: \_\_\_\_\_

Address: \_\_\_\_\_ Account: \_\_\_\_\_

### Our Terms and Policies

- Invoice payment is **Net 7 days** (unless otherwise pre-arranged). We accept Cheque, Visa, Mastercard
- No worker(s) will be sent out until the Credit Application Form and the Job Detail Form are completed and signed by the client / authorized company representative.
- Our Minimum Billing Hours are 5 hours per worker per shift.
- We will do a credit check though Equifax on your company if you are a first time client and periodically when labour is supplied.
- You can hire our worker without a fee after he/she has worked for your company 3 months / 480 hours.
- For all new clients a Credit Card must be on our file. A deposit of the first 2 day totals will be put on the Credit Card and reversed when the first invoice payment is made in full (unless otherwise pre-arranged).

Visa  Mastercard

Credit Card #: \_\_\_\_\_ Expiry Date \_\_\_\_\_ Year \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I, hereby, agree to the terms and policies set forth and will be bound by them. All the information provided is true to my knowledge.



DATE: \_\_\_\_\_

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JOB DESCRIPTION

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CLIENT: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

CONTACT NUMBER: \_\_\_\_\_

BILLING/MAILING ADDRESS:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DEPOSIT RECEIVED % (CHEQUE/MC/VISA)  
PUBLIC PLACE?   
EVENT LOCATION RENTAL?  Y  N  
PAYMENT TERMS NET 7 DAYS

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DETAILS OF EVENT

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DATE OF EVENT: \_\_\_\_\_

TYPE OF EVENT: \_\_\_\_\_

START TIME OF EVENT: \_\_\_\_\_

APPROXIMATE END TIME OF EVENT: \_\_\_\_\_

ADDRESS OF EVENT:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NUMBER OF PEOPLE ATTENDING: \_\_\_\_\_  
AGE RANGE IN ATTENDANCE: \_\_\_\_\_  
MINORS?  Y  N  
LIQUOR LICENCE?  Y  N  
COPY OF LIQUOR LICENCE?  Y  N

PARKING ON LOCATION:  Y  N

MENU ATTACHED?  Y  N

LOCATION VISIT DONE?  Y  N

FACILITIES/EQUIPMENT ON LOCATION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SMALLWARES REQUIRED: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LOCATION DRESS? CASUAL  DRESS  FORMAL

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DETAILS OF STAFF REQUIRED

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- |   |   |   |
|---|---|---|
| RUNNER <input type="checkbox"/>                     | NUTRITIONIST <input type="checkbox"/>         | SERVER <input type="checkbox"/>               |
| DISH BOY <input type="checkbox"/>                   | DIETARY AID <input type="checkbox"/>          | BARTENDER <input type="checkbox"/>            |
| LINE COOK <input type="checkbox"/>                  | PERSONAL CARE WORKER <input type="checkbox"/> | HOST/HOSTESS <input type="checkbox"/>         |
| GRILL COOK <input type="checkbox"/>                 | GOFER <input type="checkbox"/>                | ASSISTANT / MANAGER <input type="checkbox"/>  |
| STATION CHEF <input type="checkbox"/>               | CATERING MANAGER <input type="checkbox"/>     | ADMINISTRATIVE STAFF <input type="checkbox"/> |
| CHEF <input type="checkbox"/>                       |   | SHUCKER <input type="checkbox"/>              |
| ETHNIC SPECIFIC CHEF <input type="checkbox"/> _____ |   | OTHER: _____                                  |
|   |   | OTHER: _____                                  |

PERSONAL CHEF SERVICE

SERVICE STYLE: \_\_\_\_\_  
NUMBER OF COURSES: \_\_\_\_\_  
DETAILS:

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\_\_\_\_\_  
CLIENT NAME

\_\_\_\_\_  
CLIENT SIGNATURE