



Job Detail Form

Please fill out and FAX back to: 416-535-0538 or email to info@betterlabour.com

Company/Client Legal Name: _____

Contact Name: _____ Telephone: () _____

Fax: () _____ Email: _____ Quoted Hourly Rate: _____

Date Workers Required: _____ Worker Quantity Required: _____

Timeframe Workers Required: Day(s) _____ Month(s) _____ On-going _____

Min. 5 hrs per shift per worker: _____ Workweek: (i.e. Mon-Sun) _____

Hours Approved by Whom: _____ Extension: _____

Work Type & Skill Level Required (please describe in detail): _____

Lbs to Lift: _____ Uniform Required: Yes No Steel Toed: Yes No

Other Workwear Required: _____

Shift(s): _____ Report Time (ready to work): _____

Work Site Location: (include main intersection) _____

Report to Whom: _____ Entrance: _____

[Our Policies](#)

- No worker(s) will be sent out until the Credit Application and the Job Detail Form are completed, signed and faxed back to our office by the client / authorized company representative.
- You can hire our worker without a fee after he/she has worked for your company 3 months / 480 hours.
- We do not condone switching or the hiring of other agency workers who are working in the same environment as where we are supplying labour to.
- Overtime is invoiced at time and a half for any worker working over 44 hours in a work week; Statutory Holidays are invoiced at time and a half for any workers working on Government approved Statutory Holidays. Mandatory Holiday Pay will be invoiced at worker's pay-rate plus vacation pay.
- Our Invoice Rates cover WSIB, CPP, EI
- Our Minimum Billing Hours are 5 hours per worker per shift.

Authorized Signature:

Date:

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



Credit Application Form

Please fill out in full and FAX back to: 416-535-0538 or email to info@betterlabour.com

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): _____	
<u>Corporate Statistics</u>	
Union Member: Yes <input type="checkbox"/> No <input type="checkbox"/>	In Operation since: _____
<u>Banking Information</u>	
Bank Name: _____	
Address: _____	Account: _____

Our Terms and Policies

- Invoice payment is **Net 7 days** (unless otherwise pre-arranged). We accept Cheque, Visa, and MasterCard.
- Our Minimum Billing Hours are 5 hours per worker per shift.
- 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.
- 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.	