



Temporary Employment Management Placement & Safety Services

An Employment, Placement & Safety Agency

**Billing Information**

Please return completed forms to: TEMPS Services Attention: Admin Manager email: admin@tempsservices.ca  
#10, 700 – 33<sup>rd</sup> Street N.E. Calgary, AB T2A 5N9  
Fax 403-207-5554 Phone 403-235-5226 DATE: \_\_\_\_\_

LEGAL NAME: \_\_\_\_\_

TRADE NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

PRIVATE: \_\_\_\_\_ PARTNERSHIP: \_\_\_\_\_ CORPORATION: \_\_\_\_\_ INCORPORATION DATE: \_\_\_\_\_

CORP BUSINESS #: \_\_\_\_\_ WEBSITE: \_\_\_\_\_

Email: \_\_\_\_\_ A.P. Email: \_\_\_\_\_

NATURE OF BUSINESS: \_\_\_\_\_ DATE STARTED: \_\_\_\_\_

PRINCIPAL OFFICERS, PARTNERS OR STAKEHOLDERS & TITLES: \_\_\_\_\_

**MAJOR TRADE REFERENCES**

1) NAME & CONTACT: \_\_\_\_\_

CITY: \_\_\_\_\_ PROV: \_\_\_\_\_ : PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

NAME OF BANK: \_\_\_\_\_ CONTACT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ ACCT #: \_\_\_\_\_

The undersigned consents to the obtaining, from any credit or personal reporting agencies or credit grantors at any time, such information as 1481639 Alberta Ltd. (o/a TEMPS Services) may require in connection with the credit hereby applied for and consent to the disclosure at any time of information concerning the undersigned to any credit grantor, credit or personal reporting agencies.

In consideration of any credit which may be granted by 1481639 Alberta Ltd. (o/a TEMPS Services) to the undersigned, the undersigned purchaser does hereby agree that all sales are final and all sums due and owing pursuant to an invoice shall be paid within 15 calendar days from the date of delivery of the invoice unless otherwise agreed to in writing by 1481639 Alberta Ltd. Interest at the rate of 12% per annum will be charged on accounts which are overdue. The undersigned further agrees to indemnify 1481639 Alberta Ltd. for any costs and expenses incurred, including legal fees on a full indemnity basis, for the collection of any overdue amounts owed to 1481639 Alberta Ltd.

TITLE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

Client initials \_\_\_\_\_



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**Billing & Payment Information**

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**INVOICE REQUIREMENTS FOR:**

Legal Name: \_\_\_\_\_ Date \_\_\_\_\_

**TO SERVE YOUR INVOICING NEEDS PLEASE ANSWER THE FOLLOWING:**

Please provide an email address to which invoices will be **emailed** too? \_\_\_\_\_

Please provide mailing address to where you want invoices mailed (A surcharge may apply)?  
\_\_\_\_\_

**ALL** invoices include Employee Number, Employee Name, Date worked, Job description and Ticket number.

**IF** you require a P.O. #, please provide blanket P.O. #: \_\_\_\_\_

**Method of Payment**

TEMPS Services may provide credit to clients, however until such a relationship has been established we require a credit card for payment in accordance with our payment terms as stated in this agreement. Please provide credit card number and sign below authorizing charges.

**Card number:** \_\_\_\_\_ **Exp date:** \_\_\_\_\_

By signing this form, you authorize 1481639 Alberta LTD o/a TEMPS Services to charge the credit card listed above for the total amount indicated on our invoices. *I am the authorized cardholder for the credit card account indicated above.*

**Print Cardholder Name:** \_\_\_\_\_ **Cardholder Signature:** \_\_\_\_\_

\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_

Client initials \_\_\_\_\_