



NEW CUSTOMER SUMMARY (NCS)

Date: _____

Completed By: _____
(name & company)

All prospective customers must be approved by JTC prior to the start of any staffing. Please complete this form with as much information as possible. When complete, submit this form accompanied by the Quote Request Form for each prospective assignment to your Account Representative. JTC will endeavor to review all prospective customers within 24 hours, however circumstances with the customer or assignment may arise that will extend the review process.

Customer Company Name: _____

Billing Address: _____

Work Site Address: _____

Website: _____

Contact Person: _____ Title: _____

Phone: _____ Email: _____

Accounts Payable Contact Person: _____

Phone: _____ Email: _____

Special notations on invoices? Explain: _____

What does your company do or make? Brief Company Summary:

Notes: