



RAPID PAY CARD APPLICATION

I hereby authorize Staffing Alternatives, Inc. or its Subsidiaries hereinafter called COMPANY, to initiate credit entries and, if necessary, reversal or adjustments to correct any entries made to my pay card account.

This agreement is to remain in effect until COMPANY has received written notification from me of its termination in such time to afford COMPANY and Rapid Pay Cards a reasonable opportunity to act on it.

NOTE: There will be a \$15.00 replacement fee for the first Pay Card that COMPANY has to replace; \$30.00 replacement fee for any additional cards needing to be replaced. Also any shipping charges incurred will be added to each replacement transaction.

Date: ____/____/____ Signature: _____

Required information. Card will not be issued without this information

*Employee Full Name: _____

*Social Security Number: _____

*Client Company: _____

* Mailing Address: _____

*City: _____ *State: _____ *Zip Code _____

*Date of Birth: ____/____/____ (MMDDYYYY)

*Primary Telephone # (____) _____

Secondary Telephone # (____) _____ (optional)

Drivers' License # _____ (optional) DL State _____ (optional)

DL Expiration date: ____/____/____ (MMDDYYYY) optional