



So many of you have referred new business to us and that has been a big part of our growth. We want to say thanks in a more tangible manner...

## Introducing the All Staffing Client Appreciation Program

Our program is pretty straight forward; if you refer a company that signs up for our services, you're rewarded!

**With each qualified referral you will receive a \$500.00 credit on your invoice  
(\$200.00 Under 10 Employees)**



To refer a prospective client to All Staffing, Inc. you may contact one of our sales professionals at (800)442-4538 with the contact information or simply fill out the referral slip on the reverse side and fax to (570)645-9771.

**We thank you for your confidence in  
All Staffing, Inc. and we look forward to hearing from you very soon.**

### Terms & Conditions

To participate you must be a client of All Staffing, Inc. All referrals must be for new business only. A qualified referral means a referral resulting in a signed contract for our services within 60 days of the date the referral is received in our office. A completed Client Referral Program Fax form must be received prior to or with your referral's Request for Proposal (RFP) form to be eligible for credit. Common ownership excluded from Program. Your referral must be in good standing with All Staffing as well as your own account. Credit is payable 60 days after referred company's start date. If there is any dispute over a fee, All Staffing, Inc. will be the sole arbiter, subject to the laws of the State of Pennsylvania. This program has been in effect since January 17, 2007. All Staffing reserves the right to amend or cancel the referral program at any time. Employees of All Staffing and their families are not eligible.

P. O. Box 219  
Lansford, PA 18232-0219

[www.allstaffing.com](http://www.allstaffing.com)  
(800)442-4538



## All Staffing, Inc. Client Appreciation Program

Return Via Facsimile to (570)645-9771

Please Provide *Your* (Referring Company) Information Below

Company Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) - \_\_\_\_\_ Fax: ( ) - \_\_\_\_\_

Referral Provided By: \_\_\_\_\_

Please Provide As Much Information As Possible On Referred Company Below

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Title: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) - \_\_\_\_\_ Fax: ( ) - \_\_\_\_\_

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

Type of Business or Brief Description of Operations:  
\_\_\_\_\_

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I have read and understand the Terms and Conditions of All Staffing's Client Appreciation Program.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Today's Date