

CUSTOMER TERMS OF AGREEMENT

By your signature you are certifying that you are authorized on behalf of the customer to agree to the following:

The hours shown are the hours the employee worked for you.

The customer will pay the invoice for these hours when received.

The customer understands that all hours worked over 40 in a week will be billed at time and half.

Abel Temps makes substantial efforts and incurs substantial expenses in order to provide our clients with quality employees. Therefore a reasonable sum will be charged if the employee is hired by the clients, transferred to an affiliated company, or to another staffing service within a six month period after completion of an assignment. The customer agrees that the employee will not be made a permanent staff member, transferred to an affiliated company, or other staffing service without payment of our agency conversion charge.

The customer agrees that failure to pay invoices when received will result in late charges, and that if the invoice is placed for collection, court costs and legal fees will be added to the total.

Please call us with any comments or suggestions.

Abel Temps thanks you for your business!

SEE TERMS ON THE BACK OF THIS FORM.

ABEL TEMPS

WEEK
END
DATE

P.O. BOX 4038
HARRISBURG, PA 17111

PHONE (717) 561-2222
FAX (717) 561-0134

CUSTOMER NAME

ADDRESS

I hereby certify that the hours shown hereon were worked by me during the week ending designated, and were certified by an authorized representative of the Customer. I understand that I am to contact the Abel Temps office after completing this assignment to discuss another assignment, and, if I do not do so, Abel Temps may assume that I am not then available for work.

EMPLOYEE NAME (Please Print)

EMPLOYEE SIGNATURE

**FOUR (4) HOUR MINIMUM PER EMPLOYEE PER DAY
ENTER ACTUAL HOURS WORKED**

| SUN. | MON. | TUES. | WED. | THURS. | FRI. | SAT. | |
|---|------|-------|------|--------|------|------|----------------|
| | | | | | | | |
| CUSTOMER APPROVAL INCLUDES ACCEPTANCE OF THE TERMS AND CONDITIONS STATED BELOW. | | | | | | | TOTAL HOURS |

ASSIGNMENT CONTINUING

FINAL WEEK

Being duly authorized on behalf of the above Customer, the undersigned hereby: (1) certifies that the above hours are correct and that the work was performed in a satisfactory manner; (2) confirms prior agreement between Abel Temps and Customer, with respect to the services performed hereunder and any future services, that (a) Customer shall not entrust Abel Temps employees with unattended premises, cash, negotiables or other valuables or authorize such employees to operate machinery or motor vehicles without prior written permission from Abel Temps in each instance, (b) Abel Temps insurance does not cover loss or damage caused by Abel Temps employees operating Customer's owned or leased motor vehicle(s), and Customer therefore accepts full responsibility for claims, including the defense thereof, involving bodily injury, property damage, fire, theft, collision, cargo damage or public liability damage sustained or incurred as a result of an Abel Temps employee driving such a vehicle(s), or arising out of or involving violation by Customer of paragraph (2) (a) above.

AUTHORIZED CUSTOMER SIGNATURE

TITLE

By my signature, I agree to the terms indicated on the back of this form.