

HD SUPPLY CONTINGENT LABOR

SETUP FORM

To begin your Account Setup, please complete this form in its entirety and send a copy to hdsupplycontingent@accurate.com

COMPANY INFORMATION

Legal Company Name:	
DBA/Trade/Assumed Name:	
Display to Candidate As:	
Type of Business/Industry:	
Address (No P.O. Boxes):	
City/State/Zip:	
Phone:	
EIN #:	
Administrator Name*:	
Administrator Phone:	
Administrator Email:	

*Administrators have permission to add/remove account users, and make account setup changes (outside of pre-set vendor program specifications)

BILLING INFORMATION

Billing Address:	
Billing City/State/Zip:	
Billing Contact <i>(Person/s)</i> :	
Billing Contact Phone:	
Billing Contact Email:	
AP Contact <i>(Person or Group)</i> :	
AP Contact Phone:	
AP Contact Email:	

*Email notifications will be sent to the Billing Contact when an invoice is available. All Invoice Details are made available online.

ADDITIONAL ACCOUNT USERS

Name:	
Title:	
Email:	
Phone:	
Permissions <i>(view all reports, or only their own reports):</i>	
Additional Account Administrator (Yes/No):	
Invoice Access:	

Name:	
Title:	
Email:	
Phone:	
Permissions <i>(view all reports, or only their own reports):</i>	
Additional Account Administrator (Yes/No):	
Invoice Access:	

Name:	
Title:	
Email:	
Phone:	
Permissions <i>(view all reports, or only their own reports):</i>	
Additional Account Administrator (Yes/No):	
Invoice Access:	

Name:	
Title:	
Email:	
Phone:	
Permissions <i>(view all reports, or only their own reports):</i>	
Additional Account Administrator (Yes/No):	
Invoice Access:	