

*Please complete entire form and fax back to **920.429.9943**
at least 24 hours prior to I.A.T.S.E. Local 470 work call date.*

ALLIANCE, INC.
Payroll Processing Service

Company Information

PLEASE PRINT CLEARLY

Company Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

E-Mail Address: _____

Stagehands Requested By: _____

Phone Number: _____ Fax Number: _____

E-Mail Address: _____

Accounting Information

Accounting Contact Is: _____

Phone Number: _____ Fax Number: _____

E-Mail Address: _____

Name of Bank: _____ Checking Account Number: _____

Bank's Phone Number: _____ Bank's Fax Number: _____

All invoices are due IN FULL ten (10) calendar days upon completion of services.

Please remit all payments to:

ALLIANCE, INC.
PO BOX 12172
GREEN BAY, WI 54307-2172
Office: 920.429.9942