

Acrobat Outsourcing Services Agreement

This agreement between Acrobat Outsourcing, with its principal office located at 665 3rd Street, Suite 415, San Francisco, CA 94107 ("STAFFING FIRM"), and William Glasofer ("CLIENT") for the event on July 13th, 2017 @ Frelinghuysen Arboretum 353 E Hanover Ave. Morristown, NJ 07960.

Bill Rates: Our bill rates include the employee's hourly wage, and all deductions required by State and Federal legislation — including employer's contribution for FICA taxes, providing Unemployment and Worker's Compensation, liability insurance and fidelity bonding, San Francisco sick leave, health care and commuter ordinances as well as other deductions and benefits paid to our employees. Additionally, all administrative charges are covered, including preparation of W-2 forms at the end of the year.

Position	Bill Rate	50% Deposit charged day before event
Server	\$ 25 per hour*	(estimated deposit)

*Acrobat Outsourcing observes the following Holidays:

New Year's Day	Labor Day
Easter Sunday	Thanksgiving Day
Memorial Day	Christmas Day
Independence Day	

On these dates your normal bill rate will increase 1.5X

Acrobat may, on occasion, increase the rates set forth in proportion to any legislatively-mandated new increased cost which may be required by federal, state, or local law commencing upon the effective date such new or increased cost, such as FICA State Unemployment Tax. Changes may also include any new increased cost associated with the passage of a federal or state law mandating any benefits for employee

Affordable Care Act: Beginning in January 2015, Acrobat Outsourcing will be offering medical benefits all qualified temporary employees in compliance with The Affordable Care Act. You will be assessed a minimal % ACA surcharge on every invoice. This rate can vary and is currently 1% of the invoice amount.

Four-hour Minimum: We require a four-hour minimum workday. If an employee is scheduled to work a minimum of four hours in one day and the employee is sent home in less than four hours due to a lack of work, the employee will be paid for four hours and THE CLIENT will be billed for four hours. Show-u

Authorized representatives of the parties have executed this Agreement below to express the parties' agreement to its terms. The provisions of this Agreement will inure to the benefit of and be binding on the parties and their respective representatives, successors, and assigns.

CLIENT
William Glasofe

Signature

W.M. GLASOFER

Printed Name

Title

7/6/17

Date

STAFFING FIRM: ACROBAT OUTSOURCING

Signature

Alicia Ambrose

Printed Name

Title

Client Svcs Mgr.

Date

Agreement Provided By: Alicia Ambrose

Acrobat
outsourcing

New Client Info Form

Date: _____

COMPANY INFORMATION:

Company Name: WILLIAM GLASOFER Website: _____

Type of Company: PERSONAL EVENT

Conference Planner

Event Production

Food Production or Demo

LOCATION

Please provide venue name, address and specific meeting room or check in procedure:

FRELINGHUYSEN ARBORETUM

HAGGERTY EDUCATION CENTER

353 HANOVER AVE

MORRIS TWP , NJ 07960

Are there parking options? YES

STAFFING NEEDS

Select the positions you are likely to need at some point:

Concierge/Information Clerk Registration Cashiers/Customer Service Materials Production Room/Line Moni
Event Help Other

Uniform or Attire:

What dress code would best be suited to the event or assignment?

What dress code would best be suited to the event or assignment?

CONTACTS

Primary Contact (we will email timesheets to this contact before each job)

Printed Name: BILL GLASOFER Position: _____

Phone: _____ Cell: 201-412-9173 Fax: _____

Address: 121 TENNYSON DR City: SHORT HILLS Zip: 07078

Email: BGLASOFER@GMAIL.COM

Invoice Contact

We email invoices to save paper, but if you prefer another method please indicate:

Email is perfect Prefer fax Prefer postal mail

Acrobat

OUTSOURCING

CREDIT CARD BILLING AUTHORIZATION FORM

CREDIT CARD BILLING INFORMATION

Company Name/POA:

William Blaupfer

Authorized Signer:

Visa MasterCard American Express Discover / Novus Other, Please Specify:

Credit Card Number:

4147 0481 3153 4313

Enter CMC Number:

Last 3 digits from the back of card: #22

Expiration Date:

01/21

Billing Address:

111 TENAYCON DR

City:

SHORT HILLS

State/Province:

NJ

Zip/Postal Code:

07078

Country:

USA

Phone Number:

201-912-9173

Fax Number:

PLEASE SELECT ONE OF THE FOLLOWING PAYMENT METHODS:

Applicant agrees that all information provided is accurate and complete. Applicant also understands that all charges may be immediately terminated at Acrobat Outsourcing's discretion if any charges are declined or charge backs are issued before an account may proceed onward. Deposits to amounts debited should immediately be reported to www.acrobatisourcing.com.

Changes in the status of this card can also be received by www.acrobatisourcing.com.

Authorized Signature:

William Blaupfer

Date: 7/16/17