

## Acrobat Outsourcing Services Agreement

This agreement between Acrobat Outsourcing, with its principal office located at 665 3<sup>rd</sup> Street, Suite 415, San Francisco, CA 94107 ("STAFFING FIRM"), and William Glasofer ("CLIENT") for the event on July 13<sup>th</sup>, 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) 50%

*\*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 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-up**



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	STAFFING FIRM: ACROBAT OUTSOURCING
<i>William Glasofer</i>	<i>Ambrose</i>
Signature	Signature
WM. GLASOFER	Alicia Ambrose
Printed Name	Printed Name
	Client Srs Mgr.
Title	Title
7/6/17	7/6/17
Date	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/DBA:	WILLIAM GLASPER
Authorized Signer:	
Credit Card Type:	<input type="checkbox"/> Visa [ ] <input type="checkbox"/> MasterCard [ ] <input type="checkbox"/> Amex [X] <input type="checkbox"/> Discover / Novus [ ] <input type="checkbox"/> Other, please specify:
Credit Card Number:	4147 0081 3353 4913
Enter CVC number:	Last 3 digits from the back of card: 022
Expiration Date:	01/21
Billing Address:	121 TENNYSON DR
City:	SHORT HILLS
State/Province:	NY
Zip/Postal Code:	07078
Country:	USA
Phone Number:	201-412-9173
Fax Number:	
PLEASE SELECT ONE OF THE FOLLOWING PAYMENT OPTIONS:	
<p>Applicant agrees that all information provided is accurate and complete. Applicant also acknowledges that all orders may be immediately terminated at Acrobat Outsourcing's discretion if any charges are declined or charge backs are claimed against any outstanding invoice amount. Disputes to amounts invoiced should immediately be reported to <a href="mailto:info@acrobatoutsourcing.com">info@acrobatoutsourcing.com</a>.</p> <p>Changes in the status of this card can also be reported to <a href="mailto:info@acrobatoutsourcing.com">info@acrobatoutsourcing.com</a>.</p>	

Authorized Signature:

William Glasper

Date:

7/6/17