



NEW CLIENT REQUIRED INFORMATION

Basic Company Information:

Full Company Name: _____

DBA Name: _____

Company Billing Address: _____

City: _____ State: _____ Zip Code: _____

Billing Email Address: _____

Physical Company Address: _____

City: _____ State: _____ Zip Code: _____

Store Phone Number (if applicable): _____

Owner Information:

Name: _____

Phone Number: _____

Email Address: _____

Additional Contacts: Names, Relationship to Owner, Phone Numbers, Email Addresses:

Time Clock Information:

Work Week (e.g.: Monday to Sunday): _____ to _____

Payroll Type (Semi-monthly, Biweekly, Weekly, or Monthly): _____

First Pay Period Start Date: _____ First Pay Period End Date: _____

First Pay Date: _____ Name of Person Approving Time: _____