



Company Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_  
 Zip \_\_\_\_\_  
 Contact Name \_\_\_\_\_  
 E-mail \_\_\_\_\_  
 Title \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Fax \_\_\_\_\_  
 Yrs. in Business \_\_\_\_\_  
 Description of Operation \_\_\_\_\_

<p><b>How are you currently processing your payroll?</b></p> <p>In House _____          Payroll Company _____          PEO _____          Accountant _____</p>	<p><b>Payroll Cycle Information:</b></p> <p>Weekly _____          Bi-Weekly _____          Semi-monthly _____          Other _____</p>
<p><b>What is your motivation for our search:</b></p> <p>(Check all that Apply)          Workers Comp _____          Benefits _____          Payroll _____          Other _____</p>	<p><b>What is your time frame?</b></p> <p>I would like to be transitioned          Right Away _____          Two Weeks _____          This Month _____          This Quarter _____          Six Months _____</p>

**Toll Free: (866) 627-0777**  
**Fax: (941) 627-5819**