

**Company Information**

Company Name \_\_\_\_\_

Fed ID Number \_\_\_\_\_

Franchise Number \_\_\_\_\_

Contact Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Email \_\_\_\_\_ Primary Phone \_\_\_\_\_ 2nd Phone \_\_\_\_\_

Fax Number \_\_\_\_\_ Other Info \_\_\_\_\_

**Store Information**

**Store 1**

Opening Date \_\_\_\_\_ Key Staff Names\* \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Email \_\_\_\_\_ Store Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Store 2**

Opening Date \_\_\_\_\_ Key Staff Members \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Email \_\_\_\_\_ Store Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Desired Service Information**

Check Desired Services

**Accounts Payable**

**Payroll Handling**

\* Processing Fee's are pass through

**Improved Financial Reports**

**Insurance Renewal**

**Other Services available upon request and require cost proposal**

\* Under Key Staff Members, please indicate those employees authorized to discuss store accounting matters. If none please leave blank.

Please Initial