

BUSINESS CLIENT SETUP FORM

Date Submitted: _____

Client Information

Client ID _____ Federal ID # _____ Entity Type _____
Business Name _____
Referred By: _____

Primary Contact Information (Business Info)

Company Name _____
Business Phone # _____ Fax # _____
Address _____
City _____ State _____ Zip _____

Additional Contact

Preferred Billing Other _____

Mr. Mrs. First _____ MI _____ Last _____
Address _____
City _____ State _____ Zip _____
Home # _____ Mobile # _____ Business # _____
Email _____ <input type="checkbox"/> Portal

Additional Contact

Preferred Billing Other _____

Mr. Mrs. First _____ MI _____ Last _____
Address _____
City _____ State _____ Zip _____
Home # _____ Mobile # _____ Business # _____
Email _____ <input type="checkbox"/> Portal

Client Custom Fields

Bank Information: Bank Name: _____ Login: _____ Password _____
Broker Login _____ Broker Password _____
EFTPS PIN _____ EFTPS Password _____
KS Dept of Revenue Login _____ KS Dept of Revenue Password _____
SUTA Login, Password, Pin _____
QB Password User ID _____
Fiscal Year End _____