



**CAPITAL BUSINESS SERVICES, INC.**

**New Client Setup Information**

|                                     |             |                                       |                      |           |
|-------------------------------------|-------------|---------------------------------------|----------------------|-----------|
| Client Name:                        |             | Effective Date:                       |                      |           |
| Address:                            |             | Federal Identification (FEIN) Number: |                      |           |
|                                     |             | Phone Number:                         |                      |           |
|                                     |             | Fax Number:                           |                      |           |
| Addl. Location:                     |             |                                       |                      |           |
| Addl. Location:                     |             |                                       |                      |           |
| Primary Contact:                    |             |                                       | Secondary Contact:   |           |
| Years in Business:                  |             |                                       | Number of employees: |           |
| Entity Type: choose one             | Corporation | LLC                                   | Sole Proprietor      | Other     |
| Detailed description of operations: |             |                                       |                      |           |
| Date of First Payroll:              |             | Payroll Frequency:                    |                      | Pay Day:  |
| Pay Periods:                        |             | Delivery Type:                        |                      |           |
| Employee Benefits, Type:            |             | Client Paid %                         | Employee Paid %      |           |
| Employee Benefits, Type:            |             | Client Paid %                         | Employee Paid %      |           |
| Employee Benefits, Type:            |             | Client Paid %                         | Employee Paid %      |           |
| Employee Benefits, Type:            |             | Client Paid %                         | Employee Paid %      |           |
| Workers Comp Carrier:               |             | Workers Comp Policy No.               |                      |           |
| Payment Method: choose one          | ACH Debit   | ACH Credit                            | Cashiers Check       | Bank Wire |
| Comments: please print              |             |                                       |                      |           |
|                                     |             |                                       |                      |           |
|                                     |             |                                       |                      |           |
|                                     |             |                                       |                      |           |

Client Signature: \_\_\_\_\_ CapBizz Rep. \_\_\_\_\_