

Propel HR

PROSPECT INFORMATION FORM

Date: _____

Salesperson: _____ Source of Lead: _____

Co.: _____

Contact: _____

Address: _____

City: _____ State: _____ Zip _____

Telephone: _____ Fax: _____ Alternate: _____

E-Mail: _____ Website: _____

Description of Business: _____

Years In Business: _____

C Corp, S Corp, Prop, LLC, Partnership, or Non-Profit? _____

Payroll Frequency: Weekly _____ Bi-Weekly _____ Semi-Monthly _____ Monthly _____

Current SUTA Rate:

State: _____ Rate: _____ %

State: _____ Rate: _____ %

Current Admin.: _____ %

Requested Admin.: _____ %

Is Prospect interested in Health Insurance? Yes No

If yes, you need to attach a copy of latest month's bill. If possible obtain a copy of Health Insurance Plan Booklet. Also, the **Prospective Client Health Questionnaire** must be completed.

