|  |  |  |  |
| --- | --- | --- | --- |
|  | Client Intake Form |  |  |
|  |  | |  |
|  | |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  | | | | | | | | | | Date |  | Name | | | | | | | | | |  | | | | | |  |  | | | | | Organization/Company Name | | | | | |  | FEIN | | | | | Client Information | | | | | | | | | | | |  | | | | | | | | | | | |  | | |  | |  | | |  | |  | | Business Phone | | | | Fax Number | | | | | Email Address | | |  | | | | | | | | | | | | Address | | | | | | | | | | | |  | | |  | |  | | |  | |  | | City | | |  | | State. | | |  | | ZIP Code | |  | | | | | | | | | | | | Occupation/Business Type | | | | | | | | | | | |  | | | | | |  |  | | | | | Background Check & Drug Screen Package | | | | | |  | Garnishment Package | | | | |  | | | | | |  |  | | | | | Payroll Processing Package | | | | | |  | Employer Tax Management | | | | |  | | | | | |  |  | | | | | Other/Special Requests | | | | | |  |  | | | | |  | | | | | |  |  | | | | | Previous Customer? | | | | | |  | Referred by | | | | | |  |