



## *Request For Proposal*

### Company Data

Contact \_\_\_\_\_

Corporate Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

FEIN \_\_\_\_\_ Number of Employees \_\_\_\_\_

Annual Payroll \_\_\_\_\_ Payroll Frequency \_\_\_\_\_

Projected Start Date \_\_\_\_\_

Time Keeping Software \_\_\_\_\_

Do you currently have workers' insurance? \_\_\_\_\_

Carrier \_\_\_\_\_

Are you currently using a Payroll Company? \_\_\_\_\_

Service Company \_\_\_\_\_

Complete and submit to Eric George at [eric@peoadv.com](mailto:eric@peoadv.com)  
For questions, please call 770-609-5607