



Sales Rep. _____

Date _____

Company name _____

Industry _____

Contact person _____

Address _____

Address _____

Phone # _____ E-Mail _____

Number of Full time office or management employees _____ (over 20 hrs per week)

Number of Part time office or management employees _____ (under 20 hrs per week)

Number of Full time Blue collar employees' _____ (over 20 hrs per week)

Number of Part time Blue collar employees' _____ (under 20 hrs per week)

Total of all employees _____

Payroll Frequency _____ weekly _____ Biweekly (check one)

Please include a copy of the latest payroll statement.

Please fax to: 631-656-2512 attn: Proposal Department