



Pre-Qualifying Form

HLA ACCT #: _____

HLA SALES PERSON: _____

1. Legal company name and address as

Legal Name: _____

D/B/A: _____

Address: _____

City: _____ State: _____ Zip Code: _____

2. Telephone Number: (____) - ____ - ____

3. Fax Number. (____) - ____ - ____

4. Email Address: _____

5. Contact name and title:

Name: _____ Title: _____

6. What payroll service are you currently using, if any? _____

7. If you are using a payroll service, what is the fee that you pay? _____

8. How many employees do you process payroll for? _____

9. How often do you pay your employees?

____ Weekly ____ Biweekly ____ Semimonthly ____ Monthly

10. Methods of Pay (Check All That Apply): ____ Hourly ____ Salary

11. Do you offer direct deposit of employee checks? ____ Yes ____ No

Please fax completed form to Joanne Harris at 631-962-0589