



SmartPay PayGo Registration Form

Business Owners Information

Company Legal Name/DBA

Address

City

State

Zip

FEIN

Key Contact

Phone

Email Address

First Check Date* / /

Policy Effective Date / /

* On or after policy effective date

Excluded Owners/Officers (not applicable to self-reporters)

#	Employee ID#	Name
1		
2		
3		
4		

Note: Employee ID#s are critical to the processing of your payroll files and they must match those provided by your payroll vendor. Also, if more than four, please provide separately.

Insurance Agency Information

Agency Name

Agent Name

Agent Address

Agent Phone

Email

Payroll Vendor Information

Pay Cycle: (check Weekly Bi-weekly Semi-monthly Monthly

one) Payroll Vendor

Contact Name Email

Phone

Address

For questions, please contact 877 905 0786 or email us at support@smartpayllc.com. We appreciate your business. We look forward to serving you!