

Service Inquiry Form

About your Business

For any questions you are unsure of, please put N/A.

Company name* _____

Company Address _____

Company Phone* _____

Business Industry _____

Type of Business Entity (ex. LLC) _____

How many employees does your business employ currently? _____

Point of Contact

First Name* _____

Last name* _____

Email* _____

Phone _____

Preferred Form of Contact (ex. phone call) _____

Business Objectives

What Package(s) are you considering? *

| | |
|--|-----------------------|
| | Reception |
| | Office Space |
| | Human Resources |
| | Finance |
| | Marketing |
| | Recruitment |
| | IT-Technology |
| | Training |
| | Medical Credentialing |

What is your primary business objective?

| |
|---------------------------|
| Business Growth |
| Brand Awareness |
| Staffing |
| Administrative Assistance |
| Business Maintenance |
| Business Start-up |
| Business Completion |
| Other |

Please specify what services? (ex. finance: billing)

Additional Questions or Comments
