

SmartPay  
**PAYGO Registration Form**

**Business Owners Information**

Company Legal Name/DBA

Address

City

State

Zip

FEIN

SSN\*

Key Contact

Phone

Email Address

First Check Date\*\* / /

Policy Effective Date / /

*\* If sole proprietorship    \*\* 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 Address

**Payroll Vendor Information**

Pay Cycle: (check one)

Weekly

Bi-weekly

Semi-monthly

Monthly

Payroll Vendor

Contact Name

Phone

Email Address

*For questions, please contact 877.905.0786 or email us at [support@smartpayllc.com](mailto:support@smartpayllc.com).  
We appreciate your business. We look forward to serving you!*