



HR On-Demand Enrollment Form

Date: _____

Personal Information

Business Name: _____

Business Address Line 1: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Contact Information

Name of Primary Contact: *This individual will receive our newsletters and monthly check-in*

Name: _____

Email Address of Primary Contact: _____

Phone number of Primary Contact: _____

Name of Secondary Contact: *This individual will receive our monthly newsletters*

Email Address of Secondary Contact: _____

Payment Information

Payment Method: _____

Visa MasterCard American Express

Name on Credit Card: _____

Credit Card Number: _____

Expiration Date: _____ Credit Card Security Code: _____

Are you tax Exempt? Yes No *If yes, attach exemption certificate

Payment Authorization

I authorize a regularly scheduled payment of \$99/month plus tax to be charged to this credit card at the beginning of each month. I understand that the authorization will remain in effect until cancelled in writing at least 15 days prior to the next billing date

Electronic Signature of Cardholder: _____

Please complete on-line OR fax completed enrollment form to 605-335-4423.

For Questions, call 605-335-8198