



10. Parties Information

Client Employer Information		
Number of Employees	Legal Business Name	
Contact Name		
E-mail Address		
Telephone No.	Fax Number	
Main Business Address Line 1 (to appear on ROEs)		
Address Line 2		
City	Country	
Province / State	Postal code	Zip Code

Client Employer - Business Information					
No. of Employees	CRA BN	RP	No. of Employees	CRA BN	RP

Payroll Service Provider Information	
Legal Business Name	Books By Kristi
CRA BN	889043717
Contact Name	Kristi Carter
Telephone No.	519-489-7022
Fax Number	

Signatures Information	
For Client Employer	For Payroll Service Provider
_____	<i>Kristi Carter</i>
Name (please print)	Name (please print)
_____	_____
Signature	Signature
_____	<i>owner</i>
Title	Title
_____	_____
Date	Date

