

New Client Onboarding Form

Dear Client,

Thank you very much for choosing Neuron Computers to be your trusted Managed Services Provider for all your IT needs! We are very excited to be of service and look forward to many years of giving you top-notch and cutting-edge service.

Please do me a big favor and fill out this onboarding form as complete as you can so that we have all your organization's details in order to create your account. Thank you so much.

Best regards,

Kevin Sipma
Founder, Chief Technology Officer
Neuron Computer Services, LLC

Parent Company Information

Company Name	
Primary Contact Name	
Additional/Secondary Contact(s)	
Street Address	
Suite No.	
City, State, Zip Code	
Direct Phone & Ext.	
Primary Contact Email Address	

Parent Company Bill To Information

To whom may we submit invoices to?

Primary Contact Name	
Additional/Secondary Contact(s)	
Street Address	
Suite No.	
City, State, Zip Code	
Direct Phone & Ext.	
Primary Contact Email Address	

Neuron Computers

Subsidiary Companies

Please list any subsidiary companies you may have that fall under the umbrella of the parent company to be covered under our Managed Services plans.

Subsidiary #1 Company Name	
Primary Contact Name	
Additional/Secondary Contact(s)	
Street Address	
Suite No.	
City, State, Zip Code	
Direct Phone & Ext.	
Primary Contact Email Address	

Subsidiary #2 Company Name	
Primary Contact Name	
Additional/Secondary Contact(s)	
Street Address	
Suite No.	
City, State, Zip Code	
Direct Phone & Ext.	
Primary Contact Email Address	

Subsidiary #3 Company Name	
Primary Contact Name	
Additional/Secondary Contact(s)	
Street Address	
Suite No.	
City, State, Zip Code	
Direct Phone & Ext.	
Primary Contact Email Address	

Notes (list any notes about subsidiary companies here, or attach documents if you need more space)	
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