



A **PAYCHEX** company

Oasis Channel Partner Contact Form

Channel Partner Company Name

Contact Name

Contact Email

Company Address 1

Company Address 2

City

State

Zip

Office Phone

Mobile Phone

Channel Partner Type (Choose from one of the following)

- | | |
|---|---|
| <input type="checkbox"/> Full-Service Insurance Brokerage | <input type="checkbox"/> Lawyer |
| <input type="checkbox"/> Benefits Brokerage Firm | <input type="checkbox"/> Financial Advisor |
| <input type="checkbox"/> Property/Casualty Brokerage Firm | <input type="checkbox"/> Business/Management Consultant |
| <input type="checkbox"/> PEO Broker | <input type="checkbox"/> Association |
| | <input type="checkbox"/> Individual |
| | <input type="checkbox"/> Other |

Describe