FAST TECHNOLOGY SOLUTIONS

CHEYENNE, WYOMING

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New Client Onboarding Form

Thank you for choosing Fast Technology Solutions. Your answers help us understand your business and set up your service the right way. Please fill in everything you can - if you are not sure about something, write "not sure" and we will sort it out together.

* = required

1 BUSINESS INFO

Company name (as filed with the state) *

DBA - the name your customers know you by (if different)

Street address *

City * | State * | ZIP *

☐ Send invoices to a different address than the one above

Invoice street address (if different)

City | State | ZIP

Main phone number * | Main (general) email address

Website | Number of employees | Number of offices

Normal business hours

2 CONTACT INFO

Business owner

Owner name * | Owner phone | Owner email *

Main contact - the person we will work with day to day (office manager, accounting, etc.)

Name * | Phone * | Email *

After-hours contact - who should we call if something breaks outside normal hours?

Name | Phone

Who can approve work and purchases for your business?

☐ Owner ☐ Main contact ☐ Both Someone else:

3 LEVEL OF SERVICE

Choose one *

- [ ] **10-hour contract**
- [ ] **5-hour contract**
- [ ] **Non-profit contract** (5 hours)
- [ ] **No contract** - agreement only
- [ ] **Automation only**
- [ ] **Not sure yet** - let us talk it through with you

Non-profit organizations: please send us a copy of your 501(c)(3) letter.

4 YOUR COMPUTERS AND EMAIL

Number of computers (desktops and laptops) *

Number of servers

People with a work email account

Please count every computer, even ones that are rarely used - we protect them all.

Types of computers you use

- [ ] Windows
- [ ] Mac
- [ ] Not sure

Other:

Email system

- [ ] Microsoft 365
- [ ] Google Workspace
- [ ] Not sure

Something else:

Domain name(s) - the part after the @ in your email address, like yourbusiness.com

Who manages it? (GoDaddy, etc.)

Internet provider

Current IT company or person (name and phone)

Describe the computers, network and equipment you use now

List the programs that are critical to your business (patient records, accounting, etc.)

Do you have written notes about your computers and network? If yes, please send us a copy.

- [ ] Yes
- [ ] No
- [ ] Not sure

What do you have in place now to keep your computers safe? (firewall, antivirus, etc.)

Rules your business must follow

- [ ] HIPAA (patient information)
- [ ] Credit card (PCI)
- [ ] Legal or client confidentiality
- [ ] None / not sure

Other:

5 BACKUPS

How do you back up your information now?

☐ In the cloud ☐ On a device in the office ☐ Both ☐ No backup ☐ Not sure

Name of the backup product or service (if you know it)

How often does it run?

☐ Daily ☐ Weekly ☐ Monthly ☐ Never / not sure

Have you ever tested getting your files back from a backup?

☐ Yes ☐ No ☐ Not sure

6 YOUR GOALS

What problems have you had with your current IT support?

What are your main IT goals for the next 6 to 12 months?

Anything coming up we should know about? (moving offices, new hires, new software, etc.)

Which services would you like from us?

☐ Everyday computer support ☐ Security protection ☐ Email protection ☐ Backups ☐ Servers and networks

☐ Microsoft 365 / Google accounts Other:

How did you hear about us?

7 NOTES

Anything else we should know?

8 CONFIRMATION

I confirm the information above is correct and I am allowed to request service for this business.

Printed name * Title

Signature * Date *

FTS OFFICE USE ONLY

Date received Received by

☐ Client folder created ☐ Added to master list