

Date: \_\_\_\_\_

How did you hear about us? Referral\_\_ Name of referral: \_\_\_\_\_



Client's name: \_\_\_\_\_

Company FID#: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell \_\_\_\_\_

Email: \_\_\_\_\_ Website \_\_\_\_\_

Bookkeeping	Monthly or Quarterly
Payroll	Weekly, Bi-weekly or Monthly
DUA Acct #:	
Employees:	
Type of business	
Business structure	
Sole- proprietor	
Partnership (# of members)	
Limited Liability Corp (# of members)	
Corporation (# of members)	
Bank Name:	
RTN	

Number	
Additional Bank Information	
Please include the Following with this form	Bank Statements/ reconciliation 20__ Inventory quantity, values & date of purchase (Equipment, supplies, etc)
	Customer outstanding balances
	Vendors inf. Name, address, phone numbers and balances
Mass Dept. of Revenue	<b><a href="http://www.mass.gov/dor/business">www.mass.gov/dor/business</a></b> (webfile for business)