

Cliftons – THE Business Specialists

Business Client Information

Completion of this information will help us to better serve you

Business Name: _____

Type of Business: _____

What service would you like to discuss with us:

- | | |
|---|--|
| <input type="checkbox"/> Business Accounting & Income Tax | <input type="checkbox"/> Attend Seminar |
| <input type="checkbox"/> Free Business Review | <input type="checkbox"/> New Business Advice |
| <input type="checkbox"/> Audit | <input type="checkbox"/> Individual Tax Return |
| <input type="checkbox"/> Succession Planning | <input type="checkbox"/> Sale of Business |
| <input type="checkbox"/> Other: _____ | |

Address: _____

Telephone W: _____ H: _____
M: _____ F: _____
Email E: _____

Business Owner Details Mr Mrs Miss Ms

Surname: _____
First Name: _____ Middle Name: _____
Position: _____

Business Owner Details Mr Mrs Miss Ms

Surname: _____
First Name: _____ Middle Name: _____
Position: _____

Business Owner Details Mr Mrs Miss Ms

Surname: _____
First Name: _____ Middle Name: _____
Position: _____

Business Owner Details Mr Mrs Miss Ms

Surname: _____
First Name: _____ Middle Name: _____
Position: _____

Who are all the primary decision makers for your business?

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |

What is your current business structure? (i.e. do you have any of the following)?

Sole Trader Partnership Company Trust DIY Super Fund

How many years has this business operated? _____

How many years have you been in this business? _____

Do you employ staff? Yes No

If Yes, how many? _____

Do you currently use an accounting Software package? Yes No
If Yes, what do you use: MYOB Quicken CFM Other

Have you had an accountant previously? Yes No

What accountancy work is normally done for you?

BAS / GST Tax Business Management
 Audit Reviews of MYOB, Quicken, etc
 Other: _____

Is any work required urgently? Yes No

If Yes, what is required: _____

What attracted your attention to Clifton's, or where had you heard of Clifton's?

Yellow Pages Flyer Radio Expo Audit
 Referral If so, by whom? _____
 Other: _____

When you have completed this form please bring it with you to your consultation, or return to our office by fax.

Our fax numbers are Bomaderry (02) 4423 7819 Bowral (02) 4862 1009.

Thank you