

# 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