



**LAS VEGAS CPA
PROFESSIONALS**

INNOVATIVE . PROFESSIONAL . RELIABLE

Business New Client Information Form

How Did You Hear About Us: _____

Reason for Contacting Us: _____

Overall Expectations/Wants in Working with Us: _____

Business Name: _____ Business EIN: _____

Business Address: _____ City: _____ State: _____ Zip: _____

Business Phone: _____ Business Mobile: _____ Business Fax: _____

Business Email: _____ Website Address: _____

Contact Preference: _____ # of Partners and/or Shareholders: _____

Partner and/or Shareholder 1: Name: _____ SSN: _____ % of Ownership: _____

Address: _____ City: _____ State: _____ Zip: _____

Partner and/or Shareholder 2: Name: _____ SSN: _____ % of Ownership: _____

Address: _____ City: _____ State: _____ Zip: _____

Partner and/or Shareholder 3: Name: _____ SSN: _____ % of Ownership: _____

Address: _____ City: _____ State: _____ Zip: _____

Office Use Only (please circle):

Type: Client Staff Owner Vendor Industry Type: Retail Individual Restaurant Service Other Unknown

Client type: Client Prospect Source: HPL Organic Referral Account Executive: Astrid Stephanie

Staff Checklist (initial): Added to FP _____ Saved New Client Form _____ Added to Shared Drive _____

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