**PROSPECTIVE CLIENT INTAKE FORM**

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| --- | --- |
| CONTACT NAME: | Click or tap here to enter text. |
| TITLE: | Click or tap here to enter text. |
| CONTACT PHONE: | Click or tap here to enter text. |
| CONTACT EMAIL: | Click or tap here to enter text. |
| EXECUTIVE DIRECTOR/CEO  (if different from above): | Click or tap here to enter text. |
| COMPANY NAME: | Click or tap here to enter text. |
| COMPANY ADDRESS: | Click or tap here to enter text. |
| COMPANY WEBSITE: | Click or tap here to enter text. |
| BRIEFLY DESCRIBE WHAT YOUR COMPANY DOES: | Click or tap here to enter text. |
| WHEN WAS YOUR COMPANY FORMED? | Click or tap here to enter text. |
| HOW MANY EMPLOYEES DO YOU HAVE? | Click or tap here to enter text. |
| WHAT IS YOUR EIN NUMBER? | Click or tap here to enter text. |
| WHAT IS YOUR FISCAL YEAR? | Click or tap here to enter text. |
| WHAT ACCOUNTING PLATFORM DO YOU USE? | Click or tap here to enter text. |

WHAT TYPE OF ENTITY IS YOUR COMPANY?

☐ NONPROFIT ☐ S CORP ☐ C CORP

☐ LLC ☐ SOLE PROPRETERSHIP ☐PARTNERSHIP

WHAT IS THE PURPOSE OF YOUR INQUIRY?

Click or tap here to enter text.