



New Client Worksheet

Date: _____

Client Name: _____

Company Name: _____

Address: _____

Address: _____

City, State, Zip Code: _____

Client E-mail: _____

General E-mail: _____

Phone #: () - _____

Fax #: () - _____

Officers' Names: _____

Officers' SSN: - - _____

Officers' Address: _____

Officers' Names: _____

Officers' SSN: - - _____

Officers' Address: _____

Officers' Names: _____

Officers' SSN: - - _____

Officers' Address: _____

Officers' Names: _____

Officers' SSN: - - _____

Officers' Address: _____

Business Details

Type of Business: _____

New or Existing?	New		Existing		
Format:	Sole	Partner	LLC	Trust	Corporation

Business Number: _____

Existing Software File: _____ Existing Version: _____ (year)

Software Preference: _____

Previous Bookkeeper: _____

CPA: _____

Fiscal/Calendar Year: _____

Requirements

Payroll _____ Journal Entries _____

A/R Tracking _____ Tax Remittances _____

Purchase Payments _____ Payroll Remittances _____

Due Reminders _____ Bank Reconciliations _____

Bank Statements:

Check Runs _____ Monthly Statements _____

Client Provided _____

A/P Tracking _____ Revenue Entries _____

OSB Online Access _____

Billings (Invoicing) _____ Trial Balance _____

Authorized Contact Name(s): _____

Special Requirements/Circumstances?

Pricing

Quoted Price: _____

Payment Terms: Weekly Monthly

Payment Method: Client Check ACH Debit Credit Card

Agreed: yes no

Client Representative: _____

Date: _____

OSB Representative: _____

Date: _____