



**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: \_\_\_\_\_