

Client Profile - Company

Client code: _____ TFN: _____

Company name: _____

Contact name: _____

Trading name: _____

ABN: _____ Date of Incorporation: _____

ACN: _____

Address:

Postal: _____

Business: _____

Registered: _____

Contact numbers: Work: _____ Fax: _____

Home: _____ Mobile: _____

Email: _____

Occupation and/or business activities: _____

GST Registration: Accrual Cash Monthly Quarterly Annually

Principal Trading Entity: _____

Directors Name/s

Date of birth: _____

Date of birth: _____

Shareholders Name/s

Date of birth: _____

Date of birth: _____

Previous accountant:

Address: _____

Last year lodged: _____

Solicitor: _____

Address: _____

Banker: _____

Address: _____

Office Use Only

Interviewed by: _____ Date: _____

Source of referral: _____

Notes: _____
