



Bookkeeping Client Form

E: info@alexander.financial

W: www.alexander.financial

CLIENT INFORMATION

Referred By: _____

Please complete this form as accurately as possible. The information provided is used to reconcile and prepare your monthly records.

Business Name: _____ EIN #: _____ Years in Business: _____

Industry: _____ Business Type(ex:LLC, Corp) _____ Office Number _____

Address: _____ City,State,Zip Code: _____

Point of Contact: _____ Title: _____

Phone Number: _____ Email Address: _____

Bookkeeping Information

How would you best describe your current record keeping process? _____

Please list the number of each type of account you have. Checking___ Savings___ Credit Card___

Are you currently using any accounting software? If so, which one? _____

What bookkeeping services are you interested in? Cleanup___ Ongoing/Monthly___ Year End/Spotcheck___

Are you interested in any additional services? Payroll___ Tax Preparation___ Tax Planning___

Preferred method of payment: Monthly Retainer___ Hourly Billing___

Bank Name: _____ Routing Number: _____

Account Type: Checking___ Savings___ Account Number: _____

Signature: _____

Date: _____