



2032 E SQUARE LAKE RD • SUITE 500
TROY, MI 48085

ACCOUNTING & TAX SERVICE
OF TROY

PHONE • (248) 543-6820
FAX • (248) 543-2498

New Client Application

Date: _____

COMPANY INFORMATION

Legal name: _____

Trade name: _____

Address: _____

Street Address

Unit #

City

State

ZIP Code

Phone: _____

Fax: _____

Contact name: _____

Title: _____

Contact Phone: _____

Email: _____

Tax ID no.: _____ Date of incorporation: _____

Corp ID: _____

Corporation Partnership Sole Proprietorship LLC Other _____

REQUESTED SERVICES

	YES	NO		YES	NO
Bookkeeping	<input type="checkbox"/>	<input type="checkbox"/>	Payroll taxes	<input type="checkbox"/>	<input type="checkbox"/>
	YES	NO		YES	NO
Payroll	<input type="checkbox"/>	<input type="checkbox"/>	Sales tax	<input type="checkbox"/>	<input type="checkbox"/>

Frequency: _____

List others: _____

BANKING INFORMATION *(attach voided check)*

Bank name: _____ Address: _____

Routing no.: _____ Account no.: _____

OTHER

Please list any other information about your business that might be useful to us...

OWNER INFORMATION

No. of shareholders: _____ (please complete this section even if you are the contact person on page 1)

Full Name: _____ Ownership (%): _____

Address: _____ DOB: _____

SSN: _____ Driver's license no.: _____

Phone: _____ Email: _____

Full Name: _____ Ownership (%): _____

Address: _____ DOB: _____

SSN: _____ Driver's license no.: _____

Phone: _____ Email: _____

Full Name: _____ Ownership (%): _____

Address: _____ DOB: _____

SSN: _____ Driver's license no.: _____

Phone: _____ Email: _____

Full Name: _____ Ownership (%): _____

Address: _____ DOB: _____

SSN: _____ Driver's license no.: _____

Phone: _____ Email: _____

Disclaimer and Signature

I certify that the information supplied on this application is true and complete to the best of my knowledge.

Signature: _____ Date: _____