

Quality Bookkeeping Services, Inc.

4004 Oleander Drive, Suite 3A
Wilmington, NC 28403
(910) 452-0480 Fax: (910) 452-0489

Prospective Client Form

Federal ID No. _____

Name: _____

Title: _____

Phone: _____

Fax: _____

E-mail: _____

Websites: _____

Business Information:

Co. Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Do you have a computer? Yes ___ No ___

On a scale of 1-10, how familiar are you with your computer?

_____ What accounting software are you presently using?

_____ Do you have a Financial Advisor? Yes ___ No ___

How many years have you been in business? _____

Do you have an Accountant to prepare your Taxes? Yes ___ No ___

If yes,

Name: _____

Phone # _____

What Method of Accounting the Business is currently using? Cash-basis ___ or

Accrual-basis ___

Type of Business

___ Contractor

___ Non-Profit

___ Service

___ Property Management

___ Real Estate

___ Retail

___ Wholesale

___ Manufacturing

___ Media

___ Sales

___ Other

Which Service do you prefer?

- Monthly
- Quarterly
- Data Entry
- Payroll
- Tax Service

- Quick Books Training
- Tax consulting
- Set up company file
- Bookkeeping Consulting
- Computer Service

You choose the services that you want; prices depend on your needs.
All services require a signed Confidentiality Agreement and a retainer for all services. Information is confidential.
All Clients receive an **Initial Free Consultation**.

Please e-mail this form to info@qualitybookkeepingservices.com,
or print it and fax it to us at (910)452-0489. This information is necessary prior to the initial consultation.

Do you know any Company who can use our services? Yes No
Name _____ Phone _____