

Chartered Professional Accountant 225 – 1855 Kirschner Road, Kelowna BC, V1Y 4N7 P: (236) 420 – 4801 | E: info@creeksideaccounting.ca

		BUSINESS CONTA	CT INFORMA	ΓΙΟΝ		
Company's Legal Name				☐ Corporation	☐ Sole proprietorship	
CRA/GST Number				PST Number		
Mailing Address						
Main Contact			:	Signing Officer		
Phone – Cell				Phone - Office		
Email						
Business Year End						
BOOKKEEPER'S INFORMATION						
Bookkeeper's Name						
Phone			E-Mail			
Software Utilized			Password			
CORPORATE LAWYER'S INFORMATION						
Lawyer's Name		Lawyer's Firm				
May we contact them to o	red records:	☐ Yes ☐ No				
DIRECTOR / SHAREHOLDER INFORMATION						
Individual's Name			Individual's Name			
SIN			SIN			
	PI	REVIOUS ACCOUNTA	ANT'S INFORI	MATION		
Individual's Name			Firm Name			
Contact Information						
Reason for Change						
May we contact them to obtain any requi		red historical records:	☐ Yes ☐ No			
HIGH RISK AREAS						
Related Groups Risk (Corporations Only)		Do you have a personal relationship with corporations you sell to or earn income from?				
Foreign Property Risk		Do you or your corporation hold more than \$100,000 in foreign assets? This can include a \$100,000 market value investment in a US company such as Apple Inc. ☐ Yes ☐ No				
		OTHER INF	ORMATION			
What type of services do you need?		☐ Personal Taxes ☐ Corp Tax (T2 Only) ☐ Financial Statements ☐ Bookkeeping ☐ Payroll ☐ PST ☐ GST				
Bookkeeping program preference		☐ Sage50 ☐ QuickBooks Online				
How would you like to authorize Creekside Accounting as a representative (required before services can begin)?		☐ Grant immediate access through your personal CRA MyBusiness account or by calling the CRA (1-800-959-8281): • Creekside Accounting Ltd.'s business number 755066693 • Level 2 Access > No Expiry Date (please) ☐ I will sign an authorization form provided by Creekside (takes 2 – 14 days for CRA to process)				



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OTHER INFORMATION CONTINUED					
How did you hear about us?					
Why did you decided to use our firm over our competitors?					
Your preferred communication method:	□ Phone □ Email □ Text				
Preferred records format:	☐ Paper ☐ Electronic / PDF Download Required by Client				
Would you like a wrap up meeting (to review, sign, and pickup)?	☐ Yes – In Person ☐ Yes – By Phone ☐ No – By Portal/Email/Mail – recommendations provided by email				
Any questions for the accountant?					
Client Name:	Date:				