

New Client Form

General		
First Name		
Last Name		
Other Names		
Date of Birth		
Gender	Male Female Not specified	
Title	Mr 🗆 Mrs 🗆 Miss 🗆 Ms 🗆 Dr 🗆	
Contact		
Phone		
Business Email		
Address		
Business Address		
Postal		
Address Residential		
Address		
(If different to postal)		
Account Terms		
Account Payment	7 days □ 14 days □ EOM □ Other □	
Accounts Email:		
Accounts Contact:		
Business Details		
Australian Business Number (ABN)		
Registered Business Name		
Payroll Details		
Tax File Number		
Super Details (inc fund and Member #)		
Bank Details	BSB:	
	Account:	
	Bank:	
	Name:	

Business Information			
GST Registered?	□ Yes		
	🗆 No		
PAYG Registered?	□ Yes		
	🗆 No		
Director's ID	□ Yes		
	🗆 No		
Accounting Software Used	□ Xero		
	□ Other:		
Business Bank Account	□ Yes		
Setup	□ No		
Customer Requirements			
Bookkeeping access to Xero			
Xero Subscription	Payroll only	* Note: Subscriptions to be	
Choice		paid by the customer directly	
	Starter	and are not included in	
	□ Standard	weekly fees	
	Premium		
	□ Ultimate 10		
Xero Setup Required	Yes 🗆		
	No 🗆		
Payroll	U Weekly	Day of the week:	
	•		
	Fortnightly	Date of the month:	
	Monthly	America	
		Amount: + Super	
		"D. I	
Bank Reconciliation	☐ Hubdoc	# Bank accounts:	
	Bank Access		
	□ Bank transfers		
Accounts Payable/Receivable			
	☐ Monthly Statements		
	□ Entry of accounts paid		
	□ Entry of accounts received		
	Purchase Orders		
	Quotes		