**Sunlight**

Accounting & Tax Services Inc.

***Business and Tax Advisors***

**CONFIDENTIAL NEW CLIENT INFORMATION FORM**

**PLEASE PRINT**

Client Name Date

Address City Province Post Code\_\_\_\_\_\_\_

Home Phone Work Phone Cell Phone

E-Mail

Married Single Divorced Widow(er) Number of Children

Spouse Name

Date of Birth Age

Occupation Self-Employed

Whom may we thank for referring you?

Questions you have

(Please do not write below line)

Observations

Other data/interests

Meeting date Meeting Time

**Office #5 – 4737 Kingsway, Burnaby, BC, V5H2C3**

**Ph:672-515-8908**

**fax:306-522-1535**

**e-mail:info@sunlightaccounting.ca**