



Client Information Form

Contact Information: Name: _____ Phone Number: _____
Email Address: _____

Business Information: Legal Name: _____ DBA Name: _____

Business Address: _____

Website Address: _____

Business Entity Type: Sole Proprietor Partnership
LLC S Corp
C Corp

Date your business started operating: _____

Please describe your business operations:

Accounting Information:

Current Software you use for your financial data:

Current provider of your bookkeeping services:

Why are you looking to change providers?

Which of the following services would you like Roma Pines Bookkeeping to provide for you/your business?

Customer Billing/Customer Payment

Processing Vendor Transaction Entry/Payment

Processing Monthly Bank/Credit Card

Reconciliation Payroll/Time Keeping Services

Accounting System Set-up

Prior Year Review/Adjustment