

# Client Enquiry Form

## Contact Details

Name:	
Title:	
Telephone:	
Mobile:	
Email:	
Address:	
Postal Address:	

## Bookkeeping System

<input type="checkbox"/>	XERO	<input type="checkbox"/>	Reckon
<input type="checkbox"/>	MYOB	<input type="checkbox"/>	Cashflow Manager
<input type="checkbox"/>	Quickbooks	<input type="checkbox"/>	Other_____

## Services Required / Interested In

<input type="checkbox"/>	Preparation of (weekly/fortnightly/monthly/quarterly) Financial Statements
<input type="checkbox"/>	Preparation of end of financial year Accountant Pack
<input type="checkbox"/>	Preparation of (weekly/fortnightly/monthly) payroll
<input type="checkbox"/>	Preparation of Payment Year End
<input type="checkbox"/>	Preparation of Business Activity Statements/Instalment Activity Statements
<input type="checkbox"/>	Processing receipts and payments, including reconciliation of bank account
<input type="checkbox"/>	Accounts Payable Services
<input type="checkbox"/>	Accounts Receivable Services

<input type="checkbox"/>	Workcover
<input type="checkbox"/>	Payroll Tax
<input type="checkbox"/>	Training
<input type="checkbox"/>	Cash Flow Statements, Profit & Loss Forecasts and Budgets
<input type="checkbox"/>	Other

**Issues/Concerns**

**Banking, Feeds, Reconciliations**

No. Banks\_\_\_\_ / Credit Cards \_\_\_\_ / Other \_\_\_\_\_