



Client Intake Form

Rochelle Burgiss

Date

Ebenezer Bookkeeping Services

Client Name

Client Organization/Company Name

Client Information

Business Phone

Cell Phone

Email Address

Business Address

City

Province

Postal Code

Business Type/Business Number/CRA Payroll Number

Bank

Fiscal Year End

Account Type (chequing, credit, loan, GIC's)

Number of Employees

Other/Special Requests

Pay Period (weekly, bi-weekly, monthly)

Current Bookkeeping System

Annual Gross Revenue

