



ACCESS TO PROFESSIONALS: CLIENT INFORMATION FORM

Client Name: _____
Address: _____ Phone #: _____
City: _____ Email: _____
Postal Code: _____ Business Name: _____
Partner Name: _____ Partner #/Email: _____

Business Status:

- Investigating start-up
Start in next 3 months
Operating less than 1 year
Operating more than 1 year

Business Structure:

- Sole Proprietor
Partnership
Incorporation
Non-Profit

Type of Business (Please Explain):

Business Start Date: _____

Which professional would you like to meet with?

- Lawyer Accountant Marketer

Questions and concerns you want to discuss with the above professional include

Have you met with a professional before?

- Yes (Who did you meet with and when? _____)
No

Office Use Only:

Client Paid: []

Client Approved: [] Yes [] No Reason: _____

Meeting Date: _____ Meeting Time: _____