



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 (please list 3-5 topics):

Have you met with a professional before?
[] Yes (Who did you meet with and when? _____)
[] No

Office Use Only: Client Approved: [] Yes [] No Reason: _____ Meeting Date: _____ Meeting Time: _____ Client Paid: _____