



BUSINESS START-UP INFORMATION

CLIENT CONTACT NAME		TITLE	
Current Address			
Home/Business Phone:		Cell:	

About Your Business	Business Name			
	Annual Gross Revenue		Actual	Estimated
	Business Year-end		Year Incorporated	
	Business Structure		Proprietorship	Corporation
	Type of Business		RETAIL	SERVICES

BOOKKEEPING SERVICE REQUIRED			
		Year-end Bookkeeping and Tax.	Year-Round Bookkeeping and Tax

TAX SERVICES REQUIRED			
		Corporation Tax Preparation	Personal Tax Preparation
	GST Filings	GST Number	
	GST Filing Frequency	Quarterly	Annually
	PST Reporting	PST A-C Number	

NUMBER OF EMPLOYEES		Payroll Frequency	
Are you required to file WSIB		YES	NO
		WSIB #	

YOUR PREFERRED SYSTEM OF SENDING US THE BUSINESS INFORMATION EACH MONTH			
	Via The Envelope System	The Fax System	The On-Line Info Submit System

BANK LOANS INFORMATION			
DATE OPENED	LOAN AMT	Number of LOAN MTHS	MTH PAYMENT
Please provide a copy of the financing Agreement			

BUSINESS VEHICLE/EQUIPMENT FINANCED			
TYPE OF Equipment	Transaction Date	Total Price	Deposit
Please provide us with a copy of the financing Agreement			