

George Duck Associates, CPAs

New Client Form

Your name _____

Spouse / Significant other name _____

Address _____

City _____ State ____ Zip _____

Your contact information

Home Telephone _____

Cell Phone _____

eMail _____

Spouse / Significant other contact information

Home Telephone _____

Cell Phone _____

eMail _____

How did you hear about us ?

Advertising

Referral

Web Site

Other

If Referral, from whom ? _____

If Other ? _____

What brings you to seek a new CPA _____

Services required _____

Return to George@GeorgeDuckCPAs.com