



WHARTON CREEK
MANAGEMENT SERVICES

New Client Information Form

Entity Information:

FEIN: _____

State ID: _____

Legal Name: _____

DBA: _____

Address: _____

City, State, Zip: _____

Website: _____

Entity (Circle): Sole Proprietor Partnership C-Corp. LLC. S-Corp

Date of Incorporation: _____

Number of Employees: _____

Calendar / Fiscal Year: _____

Number of Veterinarians: _____

Owner(s) Information:

Name (main decision maker contact)

Email

Phone Number

Name

Email

Phone Number

Bookkeeper Information:

Firm Name

Bookkeeper Name

Email

Phone Number

Service Level Interested In:

(See price guide for services each level)

- 1. Monthly Clean-Up
- 2. Daily Bookkeeping
- 3. Full Service Bookkeeping

Additional Service Items:

(Contact us for quote)

- 1. Payroll Service (NY only)
- 2. Recreate Accounting Books
- 3. Internal Control Assessment
- 4. DiSC Profiles and Recommendations

Accounting Software Information:

Current Accounting Software

Last Completed Financial Statement

Are the books closed at year end:
YES OR NO

Practice Management Software Information:

Current Practice Management Software

Server base or Cloud base

Outside Accountant information:

Do you have an outside Accountant: YES OR NO

If yes, Name of Outside Accountant

What services do they provide?

Will we need to be in contact with them: YES OR NO

Contact Person

Email Phone Number