

CRUISE & ASSOCIATES, INC.

BUSINESS CLIENT INFORMATION

BUSINESS NAME _____ **D B A** _____
FEDERAL ID # _____ **STATE UC #** _____
STATE ID # _____ **FISCAL YEAR END** _____ - _____ - _____

DESCRIBE BUSINESS _____
ADDRESS _____ **BUSINESS PHONE #** _____ - _____ - _____
CITY _____ **HOME PHONE #** _____ - _____ - _____
STATE _____ **Zip** _____ **CELL PHONE #** _____ - _____ - _____
E-MAIL ADDRESS _____ **FAX #** _____ - _____ - _____

BUSINESS TYPE _____ Sole P _____ Partnership _____ S-Corp _____ C-Corp _____ LLC (Type: _____)
Are You Within City Limits For Sales Tax Purposes Y or N. **Which City:** _____
Please Enter # of Owners _____ **# of Employees** _____ **Payroll Frequency** _____
Owner's Name(s) _____ **Social Security #(s)** _____ **Date (s) of Birth** _____ **Ownership %** _____ **Months** _____

(1)	-	-	-	-	
(2)	-	-	-	-	
(3)	-	-	-	-	
(4)	-	-	-	-	
(5)	-	-	-	-	

Would you like your return copies to be: Paper, CD, or E-Mailed.

How did you hear about Cruise & Associates?

<input type="checkbox"/> Telemarketer <input type="checkbox"/> Former/Returning Client <input type="checkbox"/> Yellow Pages (Which Book: _____) <input type="checkbox"/> Referral (From Whom: _____)	<input type="checkbox"/> Direct Mailer <input type="checkbox"/> Chamber/Networking <input type="checkbox"/> Email News Letter <input type="checkbox"/> Social Media: <input type="checkbox"/> Facebook, <input type="checkbox"/> LinkedIn, <input type="checkbox"/> Twitter, <input type="checkbox"/> Other <input type="checkbox"/> Online Ad/Marketing <input type="checkbox"/> Other (Please Explain: _____)
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I/We represent that all the above information is true and correct

X _____ **Date** _____ **X** _____ **Date** _____