



Cruise & Associates, Inc.

Business Client Information



Business Name _____ Primary Owner _____

DBA _____ State UC # _____

Federal ID # _____

State ID # _____ Fiscal Year End _____

Describe Business _____

Address _____ Business Phone _____

City _____ Home Phone _____

State _____ Zip Code _____ Cell Phone _____

Email Address _____ Fax _____

Business Type Sole P Partnership S-Corp C-Corp LLC (Type: _____)

Are you within the city limits? Yes No Which City: _____

Please enter the number of owners _____ # of Employees _____ Payroll frequency _____

Owner's Name	Address	Social Security #	Date of Birth	Ownership %

Would you like your tax return copies to be Paper Flash Drive E-Mailed?

Initial here to opt out of text appointment reminders _____

How did you hear about Cruise & Associates?

- Telemarketer
- Former/Returning Client
- Yellow Pages (Which Book: _____)
- Radio
- Chamber/Networking
- Referral (By Whom: _____)
- E-mail Newsletter
- Social Media _____ Facebook _____ LinkedIn
- Online Ad/Marketing/Google
- Website
- Workshop/Seminar
- Other: _____

I/We represent that all the above information is correct and true.

Signature

Signature

Date _____

Date _____