

Debra C. Silverman, CPA, P.A.

New Client Sheet

Client Name: _____

Contact Name: _____

Title: _____

Address: _____

Birth Date: _____

Office Phone: _____

Home Phone: _____

Cellular Phone: _____

Fax Number: _____

E Mail Address: _____

Entity Type: _____

Fiscal Year: _____

Referred By & Date: _____

Delivery Method: Paper Copy: _____ or Electronic Copy: _____

Signature Method: Traditional: _____ or eSignature: _____

Newsletter: Yes: _____ No: _____

Items to be Prepared:	Description	Due Date
	_____	_____
	_____	_____
	_____	_____