

Customer Requirement Analysis (CRA)

Customer Information

Name:

Street Address:

City, State, Zip:

Phone:

Cellular/Fax:

Your Company Information

Company Name:

Type:

Nature of Business:

EIN/TIN:

Street Address:

City, State, Zip:

Business Phone:

Fax:

Registered office:

Street Address:

City, State, Zip:

Business Phone:

Fax:

Mailing address (if different than business address):

Street Address:

City, State, Zip:

Business Phone:

Fax:

Are you interested in opening a new business? ☐ Yes ☐ No

If yes, please proposed four names for your company:

1.	2.
3.	4.

What type of business are you planning to open?

☐ C-Corporation

☐ Partnership

☐ Limited Liability Partnership

☐ S-Corporation

☐ Sole Proprietor

☐ Limited Liability Company

☐ Non-Profit

What services do you need?

☐ Accounting

☐ Buying/Selling Business

☐ New Business Services

☐ Dissolution

☐ Business Valuation

☐ Cost Accounting

☐ Payroll Administration

☐ Tax Services

How often do you need these services?

<input type="checkbox"/> Full time	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Semi-Annually	<input type="checkbox"/> Annually	<input type="checkbox"/> Once

For office use only

Name of Interviewer:	Date of Interview
Proposed Start date of services:	Final Fee structure (Use back sheet)