

## **New Client Onboarding Form**

Contact Information:		
Full Name:		
Foreign Company Name:		
Address:		
Phone #		
Email:		
United States Corporate Business Name to Register:		
Estimated # of sales per month:		
Average amount per sale/month:		
Estimated Revenue per month:	<u></u>	
Does the business require merchant services:		
Does the business require payroll services:		
Brief Description of the busines:		
United States Corporate Ownership:		
Owner 1/Executive		
Name:	Title:	
Address:	Ownership %:	
	<u></u>	
	<u>—</u>	
Phone #		
Email:	<u></u>	

Owner 2/Executive (If neccesary)	
Name:	Title:
Address:	Ownership %:
Phone #	
Email:	
Owner 3/Executive (If neccesary)	
Name:	Title:
Address:	Ownership %:
Phone #	
Email:	
Owner 4/Executive (If neccesary)	
Name:	Title:
Address:	
Phone #	
Email:	
Owner 5/Executive (If neccesary)	
Name:	Title:
Address:	0 1: 0/
	<u> </u>
Phone #	

Financial Information (US & Foreign):			
Bank Account Information #1	Bank Account Information #2		
Bank Institution:	Bank Institution:		
Bank Account #	Bank Account #		
Routing #	Routing #		
Address:	Address:		
Bank Account Information #3	Bank Account Information #4		
Bank Institution:	Bank Institution:		
Bank Account #	Bank Account #		
Routing #	Routing #		
Address:	Address:		
Additional Information:			
Additional Information:			
Any additional accounting needs or additional business services no	eeus		
Authorization:   Authorization			
By checking the box above, I authorize Stax Accounting Group t			
information to provide accounting services to me. I understand that my information will be kept confidential and will not be shared with third parties without my consent.			
Name:			
Your Signature:			
Date:			
Thank you for taking the time to complete this form. We look forward to working with you!			