

Welcome to Cox Tress Advisors LLP,

Please tell us a little about yourself, so we can create an accurate file for you.

Legal Name:

Mailing Address:

Phone Number:

Email Address:

Residency Status: Resident: Non Resident:

Type of client: (Please check all that apply)

Personal

Sole Proprietor

Corporate

Non- Resident

Other (Please Specify)

Type of services you are seeking: (Please check all that apply)

Personal Taxes

Corporate Year-End and/or Taxes

Review Engagement

Bookkeeping

Payroll

Other (Please Specify)

If you have any sort of business type, Please fill out this section: (Leave blank if not applicable to you)

Legal Business Name:

CRA Business Number:

GST Number:

Payroll Number:

PST Number:

WCB Number:

If you are a new business and require assistance with setting up your accounts, Please select which account you require assistance with:

CRA Business Number

GST Number

Payroll Number

PST Number

WCB Number

Please Note:

1. Our terms are net 30 days. We accept payment via Cheque, Credit Card, Cash, Bank Draft, or E-Transfer to tiana@coxtress.ca
2. Out of country and non-resident clients will be asked for a retainer fee prior to their file being opened.
3. Our services, including consultations are billed out at the applicable rate.

Signature:

Full Name:

Date: