

## Client's form:

### Fill the form, please.

We request to fill the gaps marked as '\*'.

Company's name:\* .....  
Legal form:\* .....  
Range of activity:\* .....  
Monthly turnover: .....  
Contact:\* .....

### Quantity of documents (average per month):

Banking statements: .....  
Sales invoices: .....  
Purchase invoices: .....  
Warehouse documents: .....  
Export / intra-community supplies: .....  
Import / intra-community purchases: .....  
Traveling documents: .....  
Cash documents: .....  
Other: .....

Quantity of employees: .....

### Range of services (tick the right choice):

Book-keeping according to the Act of Accountancy: YES / NO  
Keeping books of income and expenditures: YES / NO  
Staff: YES / NO  
Salaries / Social securities: YES / NO  
Reports: YES / NO  
Banking transfers: YES / NO

### The services will be provided at (tick the right choice):

Accounting agency: YES / NO  
Client's headquarters: YES / NO

### Other suggestions:

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