

PATTON ACCOUNTING COACHING PROGRAM

APPLICANT INFORMATION

Firm Name:		
Date started:	Revenues:	Phone:
Current address:		
City:	State:	ZIP Code:
Owner Name:	Start up or Acquired <i>(Please circle)</i>	How long?
# of Clients by type: Individual:		Corporate:
Job Responsibilities:		How long?
Designations:	E-mail:	Fax:
Net Income of Practice:	#employees:	%Tax:
% Writeup:	% Other	Tax Software:

PAST MARKETING

Advertising or Marketing attempted:		
Did it work:		How long did you try:
Population in your Metro area:		
Relationship:		
Have you ever purchased a practice:		
When:	Revenues:	
Are you opposed to Financial Services:		
Other Info:		

REFERENCE

Name	Address	Phone

SIGNATURES

Signature of applicant:		Date:
Printed Name:		Date: