

GPS QUESTIONNAIRE

Name _____ Phone _____

Address _____ E-mail _____

City and State _____ Zip Code _____

Professional designation - Please check all that apply:

CPA ___ PA ___ CFP ___ EA ___ MBA ___ CVA ___ CA ___ ATTORNEY ___

Presently in practice: Yes ___ No ___ If Yes, annualized billings: _____

Do you have an office: Yes ___ No ___ Square footage: _____

If not in practice, present occupation: _____ Annual salary _____

Personal net worth _____ Net worth of business _____

Range of annual billing looking to acquire, from _____ to _____

Geographic area considered for acquisition: _____

Please provide zip codes, or if a different state, please indicate: _____

Type of practice desired: Audit ___ Accounting & Tax ___ Tax Only ___
Accounting, Tax & Financial Planning ___ Other, please specify _____

Time frame for purchase: ASAP ___ 1-3 months ___ 3-6 months ___ 1 Year and beyond ___

Available cash for down payment: _____

Have you ever filed for bankruptcy: Yes ___ No ___?

Comments: _____

Thank you for your time and attention to this. We will contact you shortly to get your search underway.

Sincerely,
New Clients, Inc.

GUARANTEED PRACTICE SEARCH (GPS)

Initial investment \$2,500.00

Here's what's included:

Targeted mailer to firms within a 15-mile radius of your office from our database and from purchased lists.

Targeted email to firms in our database.

Targeted email to NCI clients' firms in our database in your target market.

Your \$2,500.00 fee is non-refundable, however, if we do not locate a practice for you to purchase in your market within 90 days, NCI will provide you with access to our Online Sales and Marketing Academy. When we locate a practice and if NCI obtains the listing on the practice and you enter into a purchase agreement, NCI will apply your \$2,500.00 payment towards the purchase price of the firm.

If you are in agreement with these terms and conditions, please sign, date and fax to (856) 478-0345 or email to marge@newclientsinc.com. When received, we will initiate your accounting Guaranteed Practice Search.

I prefer to pay by _____ Check or _____ Credit Card. If using credit card, please fill out and return the following information:

_____ Discover _____ MasterCard _____ Visa

We no longer accept American Express for payment.

Credit Card # _____ Expiration _____ CVV Code _____

Billing Address _____

Sincerely,
New Clients, Inc.

Agreed: _____

Print Name: _____

Date: _____