



**TYLER PRICE ACCOUNTANTS LIMITED  
CONSULTATION DETAILS**

Client Name: \_\_\_\_\_  
(First Name) (Middle Name) (Surname)

Address: \_\_\_\_\_  
Home Number: \_\_\_\_\_

Work Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

IRD Number \_\_\_\_\_

Occupation \_\_\_\_\_

Have you had an accountant before? YES / NO

If yes, who did you use? \_\_\_\_\_

How did you hear about Tyler Price Accountants? (e.g. Website, referral) \_\_\_\_\_

Issues / Topics to discuss: \_\_\_\_\_

How would you like to pay? CASH CREDIT CARD INTERNET BANKING

Invoice Required? YES / NO

I acknowledge that this consultation will be charged at an hourly rate of \$180.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_