

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 120 days, NCI will provide you a credit off the price of any of our Practice Development Programs. 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](mailto: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: \_\_\_\_\_