



PAULA JEFFERSON & ASSOCIATES, P.C.
CERTIFIED PUBLIC ACCOUNTANTS

NEW CLIENT INFORMATION SHEET

PJA Client # (firm use only) _____ Date: / /

GENERAL INFORMATION

Name _____ Date of Birth _____

Spouse's Name _____ Date of Birth _____

Address _____

City / State / Zip _____

Who referred you to Paula Jefferson & Associates, P.C.? _____

Are you currently a client of Haney, Scott & Associates, P.C.? Yes No

If so, do you give Paula Jefferson & Associates, P.C. permission to access your
Haney, Scott & Associates, P.C. records? Yes No

CONTACT INFORMATION

Home Phone _____

Business Phone _____

Cell Phone _____

Spouse's Business Phone _____

Spouse's Cell Phone _____

Fax Number _____

Email Address _____

BUSINESS CLIENTS ONLY

Business Name _____

Contact Name / Title _____

