PARSONS FINANCIAL ADVISORS

NEW CLIENT INFORMATION

Today's Date:	
Business Name:	
Entity Type: ☐ **Sole Proprietorship** ☐ **S-Corp** ☐ **C-Corp** ☐ **LLC** ☐ **LLP** ☐ **Other** ______________	
Contact Name(s):	
Website:	
Mailing Address:	
City and Zip:	
Physical Address: **(if different from physical address)**	
City and Zip:	
Office Phone:	
Fax Number:	
Cell Phone:	
Email(s):	
Email(s):	

What services are you interested in: *(check all that apply)*

☐ Tax Planning Strategies
☐ Financial/Retirement Planning
☐ Investment Planning
☐ Insurance – Life/Disability/Long-Term Care
☐ College/ Education Planning
☐ Other: ________________________________

Please tell us how you heard about us: *(check all that apply)*

☐ Drove by/Walked in
☐ Pink Spots
☐ Half Moon Bay Review
☐ Coastside Calendar
☐ Pacifica Tribune
☐ Chamber of Commerce
☐ Search Engine (Google, Yahoo, Yelp! Yellow Pages, etc.)
☐ Other (Please explain): ____________________
____
☐ Friends/Family (Please provide name): ________
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