

## Client Information

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ Payroll Provider: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

## Financial Advisor

CPA/Bookkeeper (Name): \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

## Application Information

\*Version/Year: \_\_\_\_\_ \*License#: \_\_\_\_\_ \*Product#: \_\_\_\_\_

\*\*Additional plug-in name and description \_\_\_\_\_

User 1(First/Last Name): \_\_\_\_\_ User 2(First/Last Name): \_\_\_\_\_

User 3(First/Last Name): \_\_\_\_\_ User 4(First/Last Name): \_\_\_\_\_

\*Quickbooks users; while in QB press F2 to obtain the information above. \*\*Other plug-ins and applications are subject to additional charges. Call for details (602)443-9145

## QuickBooks Remote Access Survey

Please take a few minutes to complete this short survey so that we may continue to provide you with exceptional customer service.

Are you a ?       CPA       Bookkeeper       Other

Do you currently or have you used a remote solution?       yes       no

If yes, who are you using or have used? \_\_\_\_\_

What caused you to want to change?

What other applications would you like to see hosted?

What are some ways that you feel could reduce expenses between you and your Financial Advisor?

## Signature

Authorized Signature (Primary): \_\_\_\_\_ Date: \_\_\_\_\_

Please fax (602) 532-7283 or email to sales@trapponline.com  
 Before the 30th day of date above the payment authorization information will need to be provided to continue service.  
 Free trial will start upon receipt of paperwork and customer will be notified 7-10 days before trial ends. Charges will start 30 days from the start of service.