



*T&J Associates of New Jersey LLC*

## **New Business Client Information Sheet**

### **Client Information**

**Name:**

**Phone:**

**Cell Phone:**

**Email:**

**Website:**

**Address:**

**City:**

**State:**

**Zip:**

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### **Business Information**

**Name of Business:**

**Federal I.D.#:**

**Business Address:**

**Phone:**

**Cell Phone:**

**Fax:**

**Contact Person:**

**Email:**

**Nature of Business:**

**Year-End Date:**

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Office: 609-748-0936

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**Partner Information**

**Name:**

**Title:**

**Email:**

**Phone:**

**Cell:**

**Address:**

**Company Role:**

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**Services Required**

**Business Plan**

**Re-Certification**

**Brochures/Flyers**

**Grant Application**

**Non-Profit Certification**

**Public Presentations**

**Loan Application**

**Grant/Loan Financials**

**Other. Specify:**

**Re-Certification**

**Database**

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**Timelines**

**Deadlines:**

**Property Improvement**

**Start-Up**

**File Reviews:**

**Property Expansion**

**Other. Specify:**

**Other:**

**Marketing**

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