

ACCOUNTING FEES BUYER



BUYER DETAILS:

DATE: ____ / ____ / 201____

Firm Name: _____

Primary Contact Person: _____ Email: _____

Street Address: _____ Suburb _____

Postcode: _____ Telephone: _____

IF YOU ARE AN EXISTING FIRM ↴

1	Gross Accounting Fees in \$000's →	\$
2	Number of Staff including Partners	People
3	Number of Partners	
4	Year the Firm was Established	
4	Partner Charge Out Rate	\$ per hour
6	Manager Charge Out Rate	\$ per hour
7	Main Software Used by Clients? (e.g. Xero, MYOB)	
8	Are You Paperless or Scanning?	Y/N Please Circle
9	Do you offer Financial Planning Services	Y/N If Yes → Internal Division or Outsourced
10	Have Your Purchased fees before?	Y/N Please Circle
11	Niche Industries if any? Please Specify →	
12	Do you provide Audit Services?	Y/N Please Circle
13	Do You have Limited AFS Licence?	Y/N Please Circle
14	Website Address	www.

ALL BUYERS TO ANSWER

A	What Tax Preparation Software do you use or propose to use?	
B	What General Ledger Program do you use or propose to Use?	
C	Specify Your Public Practice Certificate - CPA, Chartered or IPA?	
D	Do You Want Vendor to Stay On?	Y/N If Yes → How Long?
E	Location – What Area are you looking to buy in? Please be specific – eastern suburbs, town or area	
F	Fee Range You Ideally Want to Acquire	Between \$ k up to \$ k
G	Do You Have Pre-Approved Finance In Place?	Y/N Please Circle

REASON FOR BUYING – Details required for vendor matching process

Thank you for completing the first step in the registration process. Please make sure you also download and print out the Confidentiality Agreement from <http://www.pjcamm.com.au/services/practices-for-sale/>. Upon completion, please fax or email both signed forms to us. Without both forms we cannot release confidential information regarding the practices we represent.

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