

# 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**

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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.pjcammm.com.au/services/practices-for-sale/>. Upon completion, please email both signed forms to us. Without both forms we cannot release confidential information regarding the practices we represent.

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