



Duncan, Messersmith
AND ASSOCIATES, Ltd.
CERTIFIED PUBLIC ACCOUNTANTS & CONSULTANTS

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info@hscpas.com

After completing this form, you may fax, mail or email it back to us.

Name: _____ S.S.#: _____ Birthdate: _____
Spouse: _____ S.S.#: _____ Birthdate: _____

ADDRESS: HOME

Primary Mailing

ADDRESS: BUSINESS

Primary Mailing

EMAIL

Primary

PHONES

Primary

Home: _____
 Business: _____
 Business (Spouse): _____
 Mobile: _____
 Mobile (Spouse): _____
 Fax: _____

WEBSITE

Dependents:

Name 1: _____ S.S.#: _____ Birthdate: _____
Name 2: _____ S.S.#: _____ Birthdate: _____
Name 3: _____ S.S.#: _____ Birthdate: _____
Name 4: _____ S.S.#: _____ Birthdate: _____

Additional Business & Family Members who are clients: _____

Referred By: _____

Bank Information (Attach a voided or cancelled check):

Bank Name: _____ Routing #: _____ Account #: _____

NOTES: _____