

PROFESSIONAL REFERRAL FORM - CPA

Please fill out this form if you would like to be a part of our professional referral network.

Referral Information

Name: _____

Company: _____

Address: _____

Phone #: _____

Email: _____

Specialization:

(Tax, IRS, etc.) _____

What business size do you typically work with?

Annual Sales # _____

What type of clients are you looking for?

Signature

Date

*This authorizes **VR-LAKES BUSINESS GROUP** to provide your information to potential new clients.*

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EACH OFFICE INDEPENDENTLY OWNED AND OPERATED

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