



Bank Statement Program – Business Questionnaire

General Company Information

Company Name:

Website Address:

Percentage of Ownership: %

Business Purpose:
(briefly describe)

Operating Details

Number of Employees:

Does the business operate out of your home? Yes No

If No, how many locations are there?

Expense Ratio: %

Form Completed By

Printed Name:

Are you an owner *or* company CPA? Owner CPA

If CPA, complete the following:

Company Name:

Physical Address:

Email Address:

Phone:

Signature:

Date:

AOMS Internal Use Only

Expense Factor Bucket: Actual Expense Factor Used: %

AOMS Printed Name:

Signature:

Date: