

Bookkeeping Sign Up Contract

Business Name: _____
 Business Address: _____ City: _____ State: _____ Zip: _____
 Mailing Address (if diff): _____ City: _____ State: _____ Zip: _____
 Office Number: _____ Fax: _____ Cell: _____

Ownership Information

Type of Entity: _____
 Name: _____ Address: _____ Title: _____
 Name: _____ Address: _____ Title: _____
 Person to Contact: _____ Home Ph: _____ Email: _____

Payroll Contract

ES Ref. #: _____ UBI #: _____ EIN #: _____ L&I #: _____

Services to be Provided:

Posting Registers _____
 Account Reconciliations (#of accounts) _____
 Payroll Computation _____
Freq Wkly BiWkly BiMo MO _____
 Quarterly & Annual Payroll Tax Reports _____
 Monthly Financial Statements _____
 Total Monthly or Quarterly Fee (Fees will be evaluated after 3 months) _____

Total Fees due at signing of agreement:

Installation & Setup Fee _____
 Service Fee for Month of _____
 Backwork Compilation Fee from _____ to _____
 Other Fees (direct Deposit, etc. explain) _____
Quarterly Fee Due (Previous Column) _____
GRAND TOTAL: _____
 Amount Paid with Order: _____
BALANCE DUE _____

Billing Method Preferred

Type: Visa M/C Amex Check Check # _____
 CC# or Rtn #: _____ Exp: _____ CVV Acct #: _____
 Billing Address _____

Client Signature _____ Title _____ Date _____

Additional Information Requested:

B&O Frequency MO QTRLY Annual
 (Please provide WA State Sales Tax Form or previously filed form)

Start date: _____