



Company:

This letter is to describe the terms and conditions under which our firm, Action Accounting, is offering to represent you, in connection, with the following:

- **Monthly processing of bookkeeping services**

This letter not only establishes the terms of our agreement with you, but it will also help to prevent any misunderstandings. When you sign and return a copy of this letter, you are agreeing to the terms and conditions of representation that are described in this letter.

This agreement is to include –

Either party is free to terminate this agreement at any time. In the event this agreement is terminated by either party, you will be responsible for all fees and expenses incurred through the date of termination. We will work with you to facilitate an orderly transition of your file. Any termination on our part will be consistent with the applicable Code of Professional Conduct.

You will be billed at the monthly rate of _____ for all services rendered under this agreement.

SIGNED AND ACCEPTED on this _____ day of _____, 2020.

Name: _____ Title: _____ Signature: _____

SIGNED AND ACCEPTED on this _____ day of _____, 2020.

Name: _____ Title: _____ Signature: _____



Bookkeeping Client Form

P: (727) 799-1040

CLIENT INFORMATION

Referred By: _____

Please complete this form as accurately as possible. The information provided is used to reconcile and prepare your monthly records.

Business Name: _____ EIN #: _____ Years in Business: _____
Industry: _____ Business Type (ex: LLC, Corp): _____ Office Number: _____
Address: _____ City, State, Zip Code: _____
Point of Contact: _____ Title: _____
Phone Number: _____ Email Address: _____

BOOKKEEPING INFORMATION

How would you best describe your current record keeping process? _____

Please list the number of each type of account you have. Checking ___ Savings ___ Credit Card ___

Are you currently using any accounting software? If so, which one? _____

What bookkeeping services are you interested in? Cleanup ___ Ongoing/Monthly ___
Year End/Spotcheck ___

Are you interested in any additional services? Payroll ___ Tax Preparation ___ Tax Planning ___

Preferred method of payment: Monthly Retainer ___ Hourly Billing ___

Bank Name: _____ Routing Number: _____

Account Type: Checking ___ Savings ___ Account Number: _____

Credit Card Number: _____ Exp. Date: _____ CVV Code: _____

Signature: _____ Date: _____