

**General Information**

Legal name _____	Employer ID no. _____
DBA (if different) _____	Type of organization _____

**Primary Contact and Physical Location** (Not PO Box or PMB)

Primary contact _____	Email address _____
Street address _____	Phone no. _____
Street (continued) _____	Fax no. _____
City, state & ZIP code _____	Mobile phone no. _____

**Billing Contact and Address** (If different fom Location Address)

Billing contact _____	Email address _____
Street address _____	Phone no. _____
Street (continued) _____	Fax no. _____
City, state & ZIP code _____	Mobile phone no. _____

**General Terms of Service**

Subject to the firm's criteria for accepting clients and engagements and to terms and conditions applicable to particular engagements, the firm will provide services to the organization upon request by you and other persons acting on the organization's behalf. The firm's price for these services will be based upon the amount of time required at the firm's standard rates plus expenses, adjusted for appropriate factors such as difficulty of the work, risk and responsibility the work entails, time limitations, expertise of assigned personnel, and priority and importance of the work. The firm's invoices for these services will be rendered as work progresses and are payable upon presentation. Past-due accounts may be assessed a service charge, and outstanding balances will bear interest at the maximum legal rate. Work may be suspended if the organization's account becomes overdue and may not be resumed until the account is paid in full.

**Approval by Authorized Person**

I am authorized to act on behalf of the organization and promise that the information provided on this form and any attachment is true, correct and complete. The organization agrees to the General Terms of Service. If I own, directly or indirectly, 10% or more of the organization, I agree to be jointly and severally liable with the organization for all fees and expenses charged by the firm for its services.

Name _____	Title _____
Signature _____	Date _____

**For Firm Internal Use Only**

Client name \_\_\_\_\_

**Other Background Information**

Nature of trade, business or exempt activity	_____	Approx. revenues	_____
	_____	Approx. assets	_____
Website address	_____	Fiscal year end	_____
Financial status	_____	Date organized	_____
Service(s) desired	_____	State of organization	_____

**Principal Owners and Managers**

Name	_____	Title & Pct Ownership	_____
Name	_____	Title & Pct Ownership	_____
Name	_____	Title & Pct Ownership	_____

**Professional Advisors and Other Resources**

Prior accountant	_____	Phone no. or email addr.	_____
Attorney	_____	Phone no. or email addr.	_____
Banker	_____	Phone no. or email addr.	_____
Other resource	_____	Phone no. or email addr.	_____

**Comments and Other Information**

\_\_\_\_\_

**Completion by Client Service Manager**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Approval by Firm Manager**

Signature \_\_\_\_\_ Date \_\_\_\_\_