

General Information

Estate name _____	Employer ID no. _____
Decedent name _____	SSN of Decedent _____

Primary Contact and Title (Executor, Executrix, or Administrator)

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 Primary Contact)

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 estate upon request by you and other persons acting on the estate'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 estate'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 _____

Beneficiaries

Name _____ Percentage _____ Social Security Number _____

Address _____

Name _____ Percentage _____ Social Security Number _____

Address _____

Name _____ Percentage _____ Social Security Number _____

Address _____

Name _____ Percentage _____ Social Security Number _____

Address _____

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 _____