

**General Information** Copy of Current Driver's License and Social Security Card Required

Primary client name _____	Social Security no. _____
Occupation _____	Date of birth _____
Secondary client name _____	Social Security no. _____
Occupation _____	Date of birth _____

**Other Information - Primary Client**

Street address _____	Email address _____
Street (continued) _____	Home phone no. _____
City, state & ZIP code _____	Mobile phone no. _____
Employer _____	Work phone no. _____

**Other Information - Secondary Client**

Street address _____	Email address _____
Street (continued) _____	Home phone no. _____
City, state & ZIP code _____	Mobile phone no. _____
Employer _____	Work 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 you and your dependent family members upon your request. 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 your account becomes overdue and may not be resumed until the account is paid in full.

**Approval by Client(s)**

I promise that the information provided on this form and any attachment is true, correct and complete. I agree to the General Terms of Service. I agree to be jointly and severally liable with any cosigner for all fees and expenses charged by the firm for its services.

Signature _____	Date _____
Signature _____	Date _____

**For Firm Internal Use Only**

Client name(s) \_\_\_\_\_

**Dependents** Copy of Social Security Card Required

Dependent name \_\_\_\_\_ Social Security no. \_\_\_\_\_

Relationship \_\_\_\_\_ Date of birth \_\_\_\_\_

Dependent name \_\_\_\_\_ Social Security no. \_\_\_\_\_

Relationship \_\_\_\_\_ Date of birth \_\_\_\_\_

Dependent name \_\_\_\_\_ Social Security no. \_\_\_\_\_

Relationship \_\_\_\_\_ Date of birth \_\_\_\_\_

**Professional Advisors and Other Resources**

Prior accountant \_\_\_\_\_ Phone no. or email addr. \_\_\_\_\_

Attorney, banker, etc. \_\_\_\_\_ Phone no. or email addr. \_\_\_\_\_

**Comments and Other Information**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Completion by Client Service Manager**

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

**Approval by Firm Manager**

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