

BOOKKEEPER PARTNERSHIP APPLICATION

COMPANY NAM	1E:			
ADDRESS:				
PHONE NUMBE	ER:	EMAIL:		
EIN:	(PLEASE A	TTACH W-9)		
COMPANY EST	ABLISHED DATE:			
POINT OF CON	TACT:			
POC PHONE NUMBER:		EMAIL:		
PREFERRED METHOD OF PAYMENT CHECK (PROVIDE ADDRESS) ACH (ATTACH VOIDED CHECK) ROUTING # ACCOUNT #				
PLEASE CHECK	K THE SERVICES YOU PROVI	DE		
	 □ CASH APPLICATION □ ACCOUNTS RECEIVABLE □ ACCOUNTS PAYABLE □ MONTH END □ FINANCIAL REPORTING □ BILLING □ ACCOUNT INITIAL SETUP 	((☐ FIXED ASSETS ☐ DEPRECIATION ☐ MERGERS ☐ ACQUISITIONS ☐ OTHER	
PLEASE CHECK	K THE SOFTWARE YOU HAVE	EXPERIENC	CE WITH	

☐ QUICKBOOKS ONLINE

	□ QUICKBOOKS DESKTOP□ XERO□ SAGE□ FRESHBOOKS	
	□ OTHER	
٧	WHAT OTHER SERVICES NOT LISTED ARE YOU ABLE TO PROVIDE?	
L	LIST THREE REFERENCES/PREVIOUS CLIENTS	
*	COMPANY	
*	PHONE NUMBER	
*	EMAIL	
*	COMPANY	
*	PHONE NUMBER	
*	EMAIL	
*	COMPANY	
*	PHONE NUMBER	
*	EMAIL	

ACCUBILL. YOU MAY NOT DIRECTLY SOLICIT ACC ASSIGNED TO YOU FOR A DURATION OF TWO YE					
CLIENT ARE QUOTED BY ACCUBILL. DO NOT DISCUSS PRICING. FAILING TO					
COMPLETE AN ACCEPTED ASSIGNMENT COULD AFFECT THE FLOW OF FUTURE ASSIGNMENTS.					
AGGIGINIZITO.					
NAME:	_ TITLE:				
SIGNATURE:					

BY SIGNING THIS AGREEMENT YOU AGREE TO BECOME A PARTNER WITH