

MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name:		
Business Name:	SSN:	EEIN:
Current address:		
City:	State:	ZIP Code:
Business Phone:	Phone:	Email:

EMPLOYMENT INFORMATION

Current employer:		
Employer address:		
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:		

APPLICANT 2 EMPLOYMENT INFORMATION

Current employer:		
Employer address:		
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:		

CREDIT CARD INFO

<i>(please select card)</i> <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> JCB	
Name on card:	Card Number:
Expiration Date:	Security Code:

SIGNATURES

I authorize the verification of the information provided on this form and billing information. I have received a copy of this application and all information is provided to the my knowledge to be true and correct on the date of signature. I agree to all information provided to me on Page 1 and Page 2 of this application.

Signature of applicant:	Date:
Signature of applicant 2: <i>(only if for a joint membership):</i>	Date:

questions? You can contact us @ 281-845-3480 or Email ~ Office@AccountingWiseGuy.Com



MEMBERSHIP AGREEMENT

MEMBERSHIP INFORMATION

AccountingWise offers different memberships: (Please see PriceWise Doc @ www.accountingwiseguy.com)

Please Select membership type : Business Individual

Please Select Plan Type: Basic Pro CFO Startup Rates Custom Quote

Please Select Billing Plan Monthly Quarterly Annually

**All billing periods will be processed 10 business days before amount owe is due, rates are subjected to change with due notice of 30 Days prior. Any questions can be emailed to office@accountingwiseguy.com and will be answered in the order received.*

**All Payments are subjected to automatic withdraw. Any returned payments are subjected to a 25 dollar overdue fees.*

PAYMENT INFORMATION

ACH Payment Info:

Account Number:

Routing Number:

OTHER INFO

Please list all info important to conduct of accounting below in this box.

Banking Info:

*(note if banking info is not provided, Bank Statements are required the following month by the 10th business day to ensure financial reporting is accurate) *

Tax IDs:

State:

Federal:

Payroll:

Please list Any other important information, Login Id's and Passwords for effective Accounting procedures:

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