

Accounting Confidential Service Agreement

AccountingWise

I, the undersigned, do hereby consent and agree that AccountingWise, its employees have the right to financial information, banking information, credit information, personal information beginning on the date of signature, to conduct personal business on my behalf for my financial benefit from now or hereafter known, and exclusively for financial purposes. I understand my personal information will be used for business purposes only and will be kept confidential as agreed upon between myself and AccountingWise.

I do hereby release to AccountingWise and employees all rights to information regarding my financial responsibilities to process, print, copy in electronic form or paper form for storage and business purposes.

I understand that there will be fees dependent upon service received and I am the responsible party for all financial accounts, relaying information to AccountingWise and staff. I understand all fees are to be paid on Automatic Withdraw any return payments will have subject to penalty.

I also understand all bills received by myself will be forward to AccountingWise for processing in a timely manner. I understand if AccountingWise does not receive the information in 15 days receipt of the bill for processing, I can be held accountable for the late fee of the bill(s).

I agree to the service pricing set by AccountingWise and will abide by the standards of business as listed in this agreement.

I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

Name: _____ SSN / EEIN: _____

Company Name: _____ Company Address: _____

Company Email: _____ Company Phone: _____

DOB: _____ Home Address: _____

Email Address: _____ Cell: _____

Witness for the undersigned: _____ Date: _____

Notes: _____

Signature: _____ Date: _____



