



Engagement Letter and Billing Authorization

Client information

Contact name _____

Company _____

Address _____

City, State, Zip _____

Phone _____

Fax _____

Email _____

Website _____

Thank you for your interest in using our services. We are a local CPA firm specializing in service to small businesses and individuals. We offer QuickBooks Point-of-Sale and accounting consulting, general business consulting, tax preparation (business and individual), and business valuation services.

Our current professional service rate for QuickBooks Point-of-Sale consulting provided by Kaylyn Hipple is billed at \$100/hour. Consulting provided by Bryce is currently billed at \$210/hour. Our rates change annually in July. Each of us has a two hour on-site minimum. We bill in ¼ hour increments for off-site time (web conference, phone, and work performed at our offices). Tax preparation is billed as a flat fee, and also changes annually. The current fee for individual tax preparation is \$450 (Federal/State combined), and \$995 for business returns (Partnership, LLC/LLP, S-Corp/C-Corp).

We invoice at time of service and collect payment through automated credit card or bank debit authorization (Page 2). Rates change annually and are always at <http://www.forneycpa.com/fees.html>

We require a signed engagement letter and completed billing authorization prior to providing service. To engage our services please complete this 2-page form with contact and billing information, type (or sign) your name on the signature line and transmit by email or fax.

We look forward to working with you!

I accept the terms of this engagement: _____

Our privacy policy is at <http://forneycpa.com/privacypolicy.html>

1973 FAYE CT
PLEASANT HILL CA 94523-3307
PHONE/TEXT 925-323-2892

WWW.FORNEYCPA.COM
BRYCEFORNEY@GMAIL.COM
FAX 925-887-6490

Billing Authorization

I authorize Forney Accountancy to charge the card below or debit the bank account below for the amount of professional services rendered or products ordered per invoice amount, consistent with engagement letter or other agreed terms. I authorize charge at time of service or product order. This authorization remains in effect unless cancelled in writing.

Choose credit card or bank debit payment type:

Credit Card

Credit card type: Visa MasterCard American Express Discover

Name as it appears on card _____

Credit card number _____

Card security code _____

Card expiration date _____

Card billing street address _____

Card billing city, state, zip _____

Signature/printed name _____

Date signed/effective _____

Bank Debit

Account type: Business Personal

Name on account _____

Bank routing number _____

Bank account number _____

Phone number on file with bank _____

Signature/printed name _____

Date signed/effective _____