



702-732-4302 • info@summit-cpa.com • www.summit-cpa.com

It is important to complete this form so we can provide accurate and timely service for you.

Your name: _____ SS#: _____

Address: _____

Phone: (work) _____ (cell) _____ (fax) _____

E-mail: _____

Website: _____

How did you find us? Mailing Website Referral by _____

Preferred Contact Method: Email Phone Other _____

Business Name: _____ EIN# _____

Business Fiscal Year End Date _____

Business Type C Corp S Corp LLC Partnership Sole Proprietor

Business Start Date: _____

Business Activity / Principal Product or Service: _____

Accounting software: QuickBooks Desktop QuickBooks On-Line Xero Spreadsheet Other

Your commitment:

As a client of Summit Consultancy Group, LLC, the undersigned commits to providing all information and documentation in a timely manner as requested by the firm to perform the functions requested. I (we) recognize that this is a professional firm and all communications will be conducted with the highest level of professionalism. I (we) commit to providing a retainer to allow work to begin on the projects requested and we commit to paying all amounts due using one of these payment methods which include check, ACH debit, or credit card debit. Summit consultancy Group, LLC accepts Visa, Master Card, Discover, and American Express. The undersigned hereby personally guarantees the payment of all invoices incurred by the above named entity.

Your confirmation:

The above information and commitment is hereby confirmed

Signature & Title

Date