

BUSINESS SERVICE AGREEMENT

Business EIN: _____ Business Start Date: _____

Business Name: _____

Business Address: _____

Business Owner Name: _____

Business Phone: _____ Business Fax: _____

Business Email: _____

Business Type: _____

Tax Classification (check one):

____ Sole Proprietorship ____ Partnership ____ Corporation ____ Non-Profit Org.

Bookkeeping Services (select option below):

Weekly input of Revenue and classifying Expenses, Reconcile Monthly Statements, provide Financial Reports

____ **Self-Employment/Small Business Service** (Bookkeeping for up to \$25K in monthly expenses and up to 3 bank/credit card accounts)

____ **Small Business Service** (Bookkeeping for up to \$50K in monthly expenses and up to 6 bank/credit card accounts)

____ **Small Corporation Service** (Bookkeeping for up to \$75K in monthly expenses and up to 12 bank/credit card accounts)

____ **Financial Statements**

____ **Tax Preparation & Planning**

____ **Notary Public**

____ **IRS Representation**

____ **Sales Tax Service**

____ **Tax Resolution Services**

____ **Audits, Reviews and compilation Services**

I, _____, certify that I am a legal representative of the business undersigned to this agreement. I agree to provide Boze Bookkeeping, LLC with all documents needed to service my company according to the plan that I have selected. This agreement is binding; however, this agreement can be terminated if I do not provide the necessary documents to Boze Bookkeeping, LLC in a timely fashion. I will not hold Boze Bookkeeping, LLC liable for any financial liabilities due to my withholding or misrepresentation of any documents needed to provide accurate service to my business. I understand that I am entitled to the services according to the plan that I have selected.

I agree to give Boze Bookkeeping, LLC 30-day notice to terminate this agreement if I am dissatisfied with the services provide or will no longer operate this business. I understand that Boze Bookkeeping, LLC may terminate this agreement with 30-day notice if they are dissatisfied with my ability to provide documents needed to provide agreed upon services. I also understand that Boze Bookkeeping may terminate this agreement immediately upon the discovery of any falsified documents provided.

Signature: _____ Date: _____

Print Name: _____ Title: _____

Office use only:

Plan(s) selected: _____

Total Monthly Fee: _____ Additional Fees: _____ Total Fees due today: _____