

NORTH ACCOUNTING SERVICES, INC.

PO BOX 9851, SPOKANE, WA 99209

(509) 995-3926 fax (509)-288-4121

steven@northaccounting.org

SERVICE AGREEMENT

The purpose of this form is to confirm the understanding that the undersigned (Client) has engaged North Accounting Services, Inc. to provide business services.

Services include: Expense Tracking/Bookkeeping, Monthly Income Statements showing monthly and year to date information, Quarterly Estimated Tax Voucher.

\$30.00 Monthly Service Fee

Additional Services Available

Budgeting – \$10 fee is per quarter when basic services are requested

Prior Year Tax Returns are done or amended on a case by case basis

Client is responsible for the information provided to North Accounting Services, Inc. to be accurate and complete to the best of the Client's knowledge. NORTH ACCOUNTING SERVICES, INC. will review the information and may ask for supporting documentation and additional information or clarification of certain items. For most expenses, the law specifically requires that any deductions must be substantiated by records indicating the amount, time, and place as well as the business purpose of the expense.

Client agrees to allow NORTH ACCOUNTING SERVICES, INC. to gather settlement, tax and any other relevant information from the company for whom the Client drives.

SERVICE AGREEMENT

The Client is reminded that the law imposes a penalty if a taxpayer makes a substantial understatement of tax liability. The Client is ultimately responsible for the tax returns and therefore, should review them carefully before signing and filing them.

AGREED TO AND ACCEPTED: The foregoing is in accordance with Client's understanding of NORTH ACCOUNTING SERVICES, INC. agreement to provide Business Services. By providing information to North Accounting Services, Inc., you accept the terms of our agreement outlined in this letter. **North Accounting Services, Inc. appreciates this opportunity to serve you.**

BY:

(Client Signature)

DATE:

(PRINT: Client Name)

MAILING ADDRESS:

(Street Address)

(City)

(State)

(Zip)

HOME PHONE: (____) _____ **CELL PHONE:** (____) _____ **SSN:** _____

(Social Security Number)

Trucking Co.: _____ **Driver Logon:** _____ **DRIVER ID:** _____

30.00 Base Service

State and/or Federal Tax Return or amended Prior return. We will coordinate via phone to obtain the required information.

Please circle one > LEASE or OWN < E-Mail: _____

Your Credit card will be auto-billed monthly for the services requested.

Circle one

VISA/ MC

CARD NUMBER

EXPIRATION

SECURITY CODE (3 digits on back)

TO BEGIN BENEFITING FROM NORTH ACCOUNTING SERVICES, INC. SERVICES, PLEASE PRINT AND COMPLETE THIS FORM & FAX TO: 509-288-4121

Any questions, feel free to call us first.

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www.northaccounting.org