

DENMAN, HAMILTON, & ASSOCIATES, CPA, PLLC

SERVICES AGREEMENT

WE CAN NOT START TAX RETURN UNTIL THIS IS PROVIDED AND SIGNED.

E-mail Address? _____

Do you want Direct Deposit? Y/N (If yes, attach voided check)

Daytime Contact Name? _____

Phone? _____ Fax? _____

Client Name(s): _____

Billing Name (if different): _____

Street Address: _____

City, State, Zip: _____

Client attestation:

I, the undersigned, agree to adhere to the payment policy of Denman, Hamilton, & Associates, CPA, PLLC. (DHA) included herein and do hereby acknowledge that DHA will prepare information specifically provided by us or our agents. We further acknowledge that we will examine such documents and ensure that they are prepared in compliance with the information we have provided before signing or other use thereof. DHA may ask for clarification of some items, but DHA will not audit or otherwise verify the data, nor will we DHA perform procedures to detect fraud. We further attest that we have receipts and documentations to support all income and deductions.

Our terms for payment are as follows:

Payment is due at such time as the work is completed or DHA deems a significant portion completed and renders a partial billing for your work. If you will not be able to render payment under these terms, it is your responsibility to make arrangements, in advance of our work, for another payment arrangement subject to our approval. We accept Cash, Checks, VISA, MasterCard, American Express, & Discover Card for payment. DHA will send one statement as a regular course of business. You are responsible for payment when an invoice is mailed or otherwise presented to you. If DHA mails a statement to you, a \$10 rebilling fee will be added to your account. This is to defray the costs of printing, handling, postage, etc. If any amount is 30 days past due on any of your accounts, DHA reserves the right to suspend services, even in the event that DHA has begun but not finished the current job-in-progress. In such an event, DHA will assume that you are aware of your past due status and that you will take action to ensure that you do not miss any deadline for which you may incur damages. In addition, we will be requiring all work to be paid for prior to leaving our office or electronically filling the return. The undersigned also acknowledges that they will personally guarantee payment for any service performed by DHA whether such services are for personal, corporate, partnership, trust, estate, or any other entity for whom services are rendered, whether they are for the undersigned or any other co-owner of any of these entities. In addition the undersigned will be responsible for any collection costs associated with collecting the money owed to DHA.

Taxpayer & Spouse Signature: _____

Printed Client Name: _____ Date: _____