

Client Information



Client Legal Name:		
DBA Name:		
Mailing Address:		
Physical Location Address:		
Contact Name:	Cell:	
Phone:	Fax:	Email:
FEIN:	State ID Number:	

CPA / Accountant Name:		
CPA / Accountant Firm Name:		
Phone:	Fax:	Email:
Mailing Address:		
<input type="checkbox"/>	CPA / Accountant is authorized to receive payroll / tax information by any of the means listed above as requested.	

Client hereby authorizes client's bank to pay and charge client's account for charges drawn on client's account and payable to the order of Atlas Accounting. Client agrees that client's bank's right in respect to each charge shall be the same as if it were drawn on it, and signed personally by or on behalf of client. This authority is to remain in effect until revoked by client in writing, and until bank receives such notice, agrees that bank shall be fully protected in honoring these charges. Further agree that if any such charge is dishonored, whether with or without cause and whether intentionally or inadvertently, bank shall have no liability whatsoever.

This agreement may be considered as an application for the credit and authorizes Atlas Accounting to investigate the credit of the client or its principles including vendor references, bank account status and history.

Corporate Officer/ Responsible Person	Title	Date
Address	City, State	Zip
Social Security Number	Original start date current owner/entity	

Additional Terms and Conditions: The additional terms and conditions are incorporated in the Sales Order Form, and are part of this Banking Agreement and are incorporated herein by reference. This agreement shall not become effective unless signed by an authorized representative of Atlas Accounting and Client.

Authorized Client Signature	Print Name	Date
Authorized Atlas Accounting Signature	Print Name	Date