

# CLIENT SIGNUP FORM



## CUSTOMER DETAILS

Operating Name:  Legal Name:   
Address:  City:  Postal code :   
Cell # :  HST #:   
Company Phone#:  Start Date:   
Ontario Corp#  Business # :   
Tax Filing Date:  Date Of incorporation:   
Name Of Director:  Director's Cell:   
Director's SIN:  Email :   
Payroll:  No. of Employees:  Business Email:   
Business Structure:  Incorporated  Partnership  Sole Proprietorship  
Region:  Federal  Provincial  
HST Cycle:  Monthly  Quarterly  Semi- Anually  Annually  
Services:  Financial  Payroll  WSIB  Corporate Tax Return  
 HST  PTR  Other: \_\_\_\_\_  
Statement:  NTR  Review  Audit

## PAYMENT METHOD

First Collection Data:  Fees :   
Fee Period:  Monthly  Quarterly  Semi - Annually  Annually  
Fee Mode:  Bank  Cheques  Credit Card  Cash  Direct Deposit

## BANK INFORMATION

Bank ID:  Branch ID:  Account #:   
Credit Card:  Card CSV:  Card Expiry Date:

## AGREEMENT

By signing this agreement, I am authorizing "Abcounter" as my accounting partners to directly debit my account from the provided VOID Cheque or Pre-authorized form, for accounting and related services.

DATE:  CLIENT SIGNATURE

THANK YOU FOR YOUR INFORMATION

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