



ACCOUNTING & CONSULTING SERVICE REQUEST

Name _____ Date _____

Please list each topic for consultation:

If you need additional space, use the back of this sheet or attach a note.

1. _____

2. _____

CONSULTATION RATES

- \$200 FLAT RATE for the first hour
- \$150 HOURLY RATE for each hour after, billed in 15-minute increments.
-Rates are rounded up to the nearest 15-minute increment.

FEE SAMPLES

- 45 Minute Consult = \$200.00, \$200.00 for the first hour
- 75 Minute Consult = \$237.00, \$200.00 for the first hour + \$37.00 for the additional 15-minutes.

AGREEMENT & SIGNATURE

- ☒ I understand that all consulting services, other than the Free Business Consult, are fee based services and I agree to pay at the rates stated on this form.
- ☒ I understand that the Free Business Consult is designed to inform potential new business clients what services can be provided and is NOT designed to offer free advice or services. I understand this is NOT a Free Business Consult.
- ☒ I understand that the consultation rates include both office and phone consulting, including time spent with any third party, at my request, that may need to be involved to get required information and/or assist with resolution.
- ☒ I understand that the billable time includes any additional time needed to research and write up the findings.
- ☒ I understand that records of this consultation are maintained in a client database.
- ☒ I understand that I may elect to receive my answers in person, by phone, or in writing.

Primary

Signature _____ Printed _____ Date _____

WE APPRECIATE YOUR BUSINESS. We look forward to doing business with you.

Pace Accounting & Tax Services, Inc.

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