

VIRTUAL BOOKKEEPING SERVICES QUESTIONNAIRE/AGREEMENT

PLEASE PRINT LEGIBLY

Starting Date ____/____/____

Referred By _____

Nature of your Business _____

Service/Product

Virtual Bookkeeping Service Requested (Includes Qtrly Reports)

Recording entries; _____ Wkly _____ Bi-wkly _____ Monthly _____ Qtrly
_____ Invoicing/billing _____ Bill Pay _____ File Qtrly Sales tax
_____ Scan Bills/Receipts (I-cloud email) _____ Create Invoices

PLEASE ATTACH LIST OF OPERATING BUSINESS ACCOUNTS EXPENSES TO BE CREATED

Primary Contact Person _____

Full Business Name: _____

Business Address: _____

City _____ State _____ Zip _____

Best Tel#: _____ **Email Address:** _____

Business Start Date ____/____/____ **EIN#** ____ - _____ **State Registered** _____

Business Structure Type: _____ Sole Proprietor _____ Partnership _____ LLC _____ Corporation

AGREEMENT

I, _____ Title _____ of _____
PRINT NAME **BUSINESS NAME**

Do hereby grant permission and consent for ***Lillian's Professional Services LLC*** to set-up and/or remotely access my **Quickbooks** accounts for tax and bookkeeping purposes, making entries **ONLY** for the above said business. Upon receipt of **ALL** required documents, entries will be made on a _____ Wkly/ Bi-wkly/ Monthly/ Qtrly basis. (Envelope w/check list provided)

User Name _____ Password _____ assigned by Owner/Manager

Signature

**Every business needs a Reliable Bookkeeping System base
in established accounting principles.**

Biz Type _____
Indep -Prof Svc-Retail-Appts

QB Type _____
Self-Emp/Online/ Pro/Pre/Entr

VIRTUAL BOOKKEEPING SERVICES QUES- **TIONNAIRE/AGREEMENT**

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E-Commerce-NonProfit

VIRTUAL BKKP QUES