

# Accountants Support

FROM CLIENT ACQUISITION SALES MARKETING TO  
BOOKKEEPING OUTSOURCING AND AR MANAGEMENT SUPPORT



<input type="checkbox"/> GUARANTEED LEADS GENERATION SERVICE.	FEE AMOUNT:	<input type="text"/>
<input type="checkbox"/> CLIENT SERVICE REPRESENTATIVE SERVICE.	FEE AMOUNT:	<input type="text"/>
<input type="checkbox"/> ACCOUNTS RECEIVABLES MANAGEMENT:	FEE AMOUNT:	<input type="text"/>
<input type="checkbox"/> ENHANCED LANDING PAGE WEB:	FEE AMOUNT:	<input type="text"/>
<input type="checkbox"/> ENHANCED LANDING PAGE WELCOME VIDEO:	FEE AMOUNT:	<input type="text"/>
<input type="checkbox"/> CUSTOMIZED TELESales MARKETING:	FEE AMOUNT:	<input type="text"/>
<input type="checkbox"/> TRUCKERS BOOKKEEPING SUPPORT:	FEE AMOUNT:	<input type="text"/>
<input type="checkbox"/> CONSULTING: _____		<input type="text"/>

**SUBTOTAL**

**CANADIAN RESIDENT ADD 13% GST/HST TAX: ===== GST/HST AMOUNT**

**TOTAL SUPPORT SERVICES FEE AMOUNT INCLUDING TAX WHERE APPLICABLE**

**CARD HOLDER NAME:** \_\_\_\_\_ **BUSINESS NAME:** \_\_\_\_\_

**BILLING ADDRESS:** \_\_\_\_\_

**BILLING CITY:** \_\_\_\_\_ **PROVINCE/STATE:** \_\_\_\_\_ **POSTAL/ZIP CODE:** \_\_\_\_\_

**COUNTRY:** \_\_\_\_\_ **BUSINESS PHONE:** \_\_\_\_\_ **CELL PHONE:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**CARD NUMBER:**

**CREDIT CARD TYPE:**  **VISA**  **MASTER CARD** **EXPIRY DATE:**

**CSC NUMBER:** \_\_\_\_\_ **THIS IS THE LAST 3-DIGIT NUMBER ON THE BACK OF THE CREDIT CARD**

**TOTAL AMOUNT AUTHORIZED BILLING THIS DATE.** \_\_\_\_\_ **: AMOUNT:**

**CARD HOLDER SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PRINT, COMPLETE, SIGN AND FAX TO ACCOUNTANTS CA SERVICES**

**TOLL-FREE FAX AT: (866)-323-8250**

**750-6 BIG BAY POINT ROAD, SUITE 887. BARRIE, ONTARIO. L4M 4S6. (905)-477-7773**