

TEL: 1-866-754-4460

FAX: 718.732.2471

Business Tax, Accounting and Book-Keeping

 $Please\ complete\ the\ requested\ information\ below\ for\ your\ Business\ Tax,\ Accounting\ and\ Book\ Keeping.$

Infotax Square representative will begin processing your order upon receipt of payment.

CONTACT INFORMATION (This is where we will ship your documents)				
First Name:				
Last Name:				
Address:				
Suite/Apt:				
City, State, Zip:				
Phone:	-			
Fax:	() -			
ALTERNATE CONTACT INFORMATION				
First Name:				
Last Name:				
BUSINESS OVERVIEW				
Type of Entity:				
Name of Entity:				
Employer Identification Number:				
State:				
Address:	(If different from the above)			
Suite/Apt:				
City, State, Zip:				



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ORDER INFORMATION			
	Contract Starting Date: (mm/dd/yyyy)		
	Yearly Contract Fee:		
		Book Keeping:	
		Accounting:	
		Business Tax:	
		Sales Tax:	
		Payroll Tax:	
		Income Tax:	
	Other Services:		
	Monthly InfotaxSquare.com Professional Fee:		
	Total:		
CARDHOLDER INFORMATION			
Check (payable to INFOTAX	QUARE): Our Mailing Address http://infotaxsquare.com/contact.html		
CREDIT CARD: This authorizes	nfotax Square to charge my credit card for filing Certificate of Incorporation.		
Card Type: C Visa			
First Last Name:			
Billing Address:	City, State, Zip		
Phone, Fax:			
Card Number:	Expiration Date:		
Country:	AMEX VISA* MARGING DISCOVER		
General Comments / Instructions:			
TERMS OF USE AGREEMENT & DISC The undersigned hereby represen	LAIMER(Click Here For Online) s and warrant that he/she duly authorizes Infotax Square to charge his/her credit card for the above se	rvices rendered.	
,,,,,,, .			
	Free Const	ultation	
	+1 (866)75	54 4460	
Name / Signature			
Official Use Only Prepare	d by:		