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CLIENT INFORMATION & FEE AGREEMENT

NAME(S) _____

ADDRESS _____
STREET CITY STATE ZIP

HOME # _____

HIS CELL # _____

HER CELL # _____

HIS WORK # _____

HER WORK # _____

HIS EMAIL _____

HER EMAIL _____

HIS OCCUPATION: _____

HER OCCUPATION: _____

HIS EMPLOYER: _____

HER EMPLOYER: _____

HIS DOB _____

HER DOB _____

CHILD NAME _____

CHILD DOB _____

CHILD NAME _____

CHILD DOB _____

CHILD NAME _____

CHILD DOB _____

REASON FOR YOUR VISIT:

HOW DID YOU HEAR OF OUR OFFICE? _____

As a CPA, I provide professional experience and knowledge in many areas of tax law, accounting, and financial planning. Professional services are billed at the appropriate rate for the level of services rendered. My standard billing rate is \$300/hr. Fees will be estimated upon request prior to the commencement of an engagement. Your actual fee may be more or less than estimated. This may occur if actual time necessary to carry out your engagement differs from our estimate. Invoice for professional fees are due upon receipt. For your convenience, we accept most major credit cards (except American Express).

Signature(s)

Date