Small Business Owner Service Agreement

Standard operating agreement between Haven TBS and client's personal name,_____.
Client's business name._____.

Accounting, Tax & Consulting Package:

All new clients will receive an 8-week period reduced rate from $25.00 per week to $20.00 per week. Then the standard rate of $25.00 per week will apply.

Federal: For the purpose of tax filings, (if you are married and filing joint) your spouse will be included at no additional cost. If you have dependents that you are claiming and they must file a tax return as well, the dependent returns will be free of charge for a basic 1040 EZ. If a 1040-A must be filed instead of a 1040 EZ then an additional cost may be applied. If you have a second or side business, then additional tax return preparation and accounting fees may apply.

State: 1 state tax return is included in this package. If you must file additional states, each state will be an additional $50.00 per state.

Small Business Owner Package:

$25.00 per week: Annual bookkeeping, tax return preparation, quarterly tax planning and P&L's plus 2 hours of consulting per month. *(Preparation time depends on the time it takes to receive the monthly packet from the driver/s)* These services are to start as of_____**,** 20_____**.**

Credit/Debit Card Form:

(This must be filled out for services to be rendered)

Name as It Appears on The Card: _____

Card #:_____Expiration Date:_____CV:_____

Address the Card Is Registered To: _____

City:_____State:_____Zip: _____

(Please note, all monthly billing is processed on the 1st day of each month no matter what day of the week it is. This shall remain in effect for as long as the client and Haven TBS maintain the agreement with each other.)

Haven TBS
1699 Schofield Ave Ste. 117
Schofield, WI 54476
P) 715-254-1333
F) 866-679-0064
www.haventbs.com

Document Policy: Haven TBS has four ways a client can send us data: secured link, email, fax or mail. If you choose to mail in your documents, we will then mail them back to you after we have had a chance to review and process the data. You will be billed for the shipping cost. If you use our secured link, email or fax then your data will be held on our server for a period of **5 years**. At that point we will discard it or send it back you. If you choose to have the data sent back to you, the cost to send it will then be invoiced to you.

Signature:_____Date: _____

Cancelation Policy: Any request to cancel services with Haven TBS must be requested in writing and then the cancelation form will be supplied to you. ***(Mail, Email or Fax will all be accepted.)*** The cancelation form must be submitted in **15 calendar days** for it to be official. Haven TBS will complete the cancelation within **30 days** per the request of cancelation. If the cancelation form is not completed and returned to Haven TBS within the time frame stated in this contract, Haven TBS will continue to bill at the contracted rate and dates for processing of said payment per this contract.

Signature:_____Date: _____

Default Payment Policy: If payment for services falls more than **3** payments behind, the entire amount ***(past and present)*** must be paid in full. A pre-payment clause of **4** current billing cycles ***(as outlined in this contract)*** must be pre-paid in order to restart services per the contract. If the past due amount and the services are not restarted within **30 days** from the date of the last payment, the remainder of the contract will then be sent to our collection attorney for processing on any amount owed at that time.

Signature:_____Date: _____

Please complete the fields below indicating that you agree to the Agreement:

Print:_____

Sign:_____

Date: _____

Phone Number:_____Email:_____

Address: _____

City:_____State:_____Zip:_____

SSN:_____EIN: _____

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