

# B.T. BRYAN ACCOUNTING, INC.

## Tax & Accounting Services

Established in 2002

www.btbryan.com • info@btbryan.com

### Billing Policy

I \_\_\_\_\_, (Individual's name here), am an authorized representative of  
\_\_\_\_\_ (Company name here), a client of B.T. Bryan Accounting, Inc.

- I understand that tax return invoices are due upon completion of the work.
- I understand that payments will be processed by the means indicated below upon receipt of the invoice unless other arrangements are discussed beforehand.
- I knowingly agree that this billing policy will be in effect without expiration.
- I agree to notify B.T. Bryan Accounting, Inc. of any credit card or bank account changes should they occur.

### **My preferred method of payment is selected and completed below:**

#### Visa/ MasterCard

Card Number \_\_\_\_\_ Exp Date \_\_\_\_\_ Sec Code \_\_\_\_\_

Name on card: \_\_\_\_\_ Contact number \_\_\_\_\_

Complete Billing address for credit card \_\_\_\_\_

#### Electronic Debit from bank account:

Select One:

Business Checking     Business Savings     Consumer Checking     Individual Savings

Bank Account Number: \_\_\_\_\_ Routing Number (9 digits) \_\_\_\_\_

Name or Heading on account \_\_\_\_\_ Contact telephone number \_\_\_\_\_

Signed by: \_\_\_\_\_ Email: \_\_\_\_\_

Printed name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

My preferred method receive my payment receipt (Please circle one) (1)Email (2) US Mail (3)Don't send receipt