



CONSULTATION REQUEST

Please list topics for consultation:

If using the online form: 120 character limit per line.

1. _____
2. _____
3. _____
4. _____
5. _____

CONSULTATION RATE, MINIMUM & BILLING

- **\$300.00 hourly rate (\$200.00 minimum)** - Billed in 15-minute increments, rounded up to the nearest 15-minutes.
- **New Clients** - Signed consultation and retainer (amount TBD, \$200 min.) required prior to consultation.
- **Existing Clients** - Signed consultation and retainer (amount TBD, \$200 min.) required prior to consultation. Note that all past due bills must be brought current prior to consultation.

AGREEMENT & SIGNATURE

- ☒ I understand that all consulting services, other than the Free Business Consult, are fee based services and I agree to pay at the rates stated on this form.
- ☒ I understand that the Free Business Consult is designed to inform potential new business clients what services can be provided and is NOT designed to offer free advice or services. I understand this is NOT a Free Business Consult.
- ☒ I understand that the consultation rates include both office and phone consulting, including time spent with any third party, at my request, that may need to be involved to get required information and/or assist with resolution.
- ☒ I understand that the billable time includes any additional time needed to research and write up the findings.
- ☒ I understand that records of this consultation are maintained in a client database.
- ☒ I understand that I may elect to receive my answers by phone or in writing.

Signature _____ Date _____

Printed Name _____

Company Name _____

Email _____ Phone _____

WE APPRECIATE YOUR BUSINESS. We look forward to doing business with you.

Pace Accounting & Tax Services, Inc.

66-70 Queens Midtown Expressway, Maspeth, NY 11378 • P. (718) 898-8730 F. (718) 898-8728 • www.PACEACCOUNTING.com