



Service Application

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APPLICANT INFORMATION

Company Name: EIN#

D.B.A. Name: Owner's Full Name:

Co. Formation: SSN#

Street Address: Phone No.

Cell Phone No.

City, State, Zip Best Call Time:

Website/Landing: E-Mail:

Month & Year Business Opened:

How Many Locations:

States Locations are Located:

PROFESSIONAL REFERENCES (3 REQUIRED)

Business Charge Accounts Preferred

Company Name: Phone Number:

Street Address: Extension:

Fax Number:

City, State, Zip: Contact Name:

Years & Months Account has Been Open:

Company Name: Phone Number:

Street Address: Extension:

Fax Number:

City, State, Zip: Contact Name:

Years & Months Account has Been Open:

Company Name:

Street Address:

City, State, Zip:

Years & Months Account has Been Open:

Phone Number:

Extension:

Fax Number:

Contact Name:

AUTHORIZED AGENT - (One Only)

Full Name:

Phone No.

Street Address:

City, State, Zip:

Title:

Best Contact Time:

E-Mail:

ACCOUNTS MANAGER

Full Name:

Phone No.

Street Address:

City, State, Zip:

Title:

Best Contact Time:

E-Mail:

****Person in Charge of Your Bookkeeping****

ACCOUNTS PAYABLE MANAGER

Full Name:

Phone No.

Street Address:

City, State, Zip:

Title:

Best Contact Time:

E-Mail:

****Person Who Pays Your Contracts****

Provide Description of Services Applying for:

Service Application Disclaimer and Acknowledgement

I certify that the information contained in this application is correct to the best of my knowledge. I understand that to falsify information in this application will result in immediate disposal of this application. If falsified information is discovered after any services has been started, any and all binding agreements can and will be terminated by the Rose Business & Accounting, LLC. at the Clients expense. Client shall pay consultant entire contracted amount plus any reimbursements.

I authorize any person, organization or company listed on this application to furnish you any and all information concerning my Companies, Businesses, or Locations.

Printed Full Name:

Signature:

Date: