



ANALYTIX

2010 CLIENT FEE FORM

Personal Details:-

Contact Name

Company Name

Address

Business Phone #

Cell Phone #

Fax #

Email Address

Type of Work :-

Accounting / Bookkeeping / Taxes Service

IT Service

Other (Please Specify)

Type of Arrangement Service:-

[Choose One]

Recurring Service

Fixed Contract Service

Variable Service

Contract or Service Date

Visa/MC

Amex

Direct Deposit

Contract or Service Start/End Date

1st Bill Date & Amount or Rate

Payment/Billing Schedule

Weekly

Monthly

By Percentage Share

One Time Payment

Payment Type

Check

Visa/MC

Amex

Direct Deposit

Required Details :-

Describe Detail

Sent copy of invoice at docs@analytixsolutions.com? Yes / No

Contract Attached

Manager's Name - U.S.

Manager's Name - India