

CLIENT REF:



Morphett Vale | Aldinga Beach | Roxby Downs

New Client Engagement

Mr/Mrs/Miss/Ms .....

Client Name: .....

DOB: .....

Mobile: .....

Email: .....

Residential Address: .....

Postal Address: .....

Drivers Licence: .....

Bank Details: BSB: .....

Account Number: .....

PHOTO ID MUST BE PRESENTED TO STAFF ON THE DAY

- I declare that I have read the Concept Accountants Service Contract, which is located at http://conceptaccountants.com.au/wp-content/uploads/2020/06/Concept-Accountants-Service-Contract-2020-pdf.pdf
I hereby authorize Concept Accountants to deduct their fee from my tax refund. If I do not receive a refund, I agree to settle the fee within 14 days.
I agree to my email address listed above being first point of contact for Concept Accounts.

SIGN HERE: \_\_\_\_\_

DATE: \_\_\_\_\_

Pay by Credit Card

Card Number: \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_ Visa/Master Card (please circle)

Name Card Holder: \_\_\_\_\_ CVV: \_\_\_\_\_ Expiry Date: \_\_\_\_/\_\_\_\_