



Client Profile / Terms Agreement

Please complete this form and return to ICU Investigations FAX: 435-986-1825 or Email: info@icu-investigations.com

Firm/Company Name _____

Primary Contact _____

Physical Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

Billing/Mailing same as physical address

Address _____

City _____ State _____ Zip _____

Accounts Payable Manager

Name _____

Phone _____ ext. _____ Email _____

Business Type

EIN _____ Corporation Partnership Sole Prop LLC LLP

Yearly Revenue 50 to 250 250 to 500 500 to 999 over 1 million over 2 million

Employees 1 to 4 5 to 10 11-15 16 to 20 over 20

Firm/Company Principals

Name _____ Name _____

Phone _____ ext. _____ Phone _____ ext. _____

Terms

Client agrees to pay the balance, if any, of all fees, expenses and sales tax within thirty (30) days of the receipt of any invoice(s) from ICU Investigations. A bookkeeping charge equal to 2.5% of the balance shall be added every thirty (30) days to all unpaid invoices which become 30 or more days past due. Over 90 days is subject to an additional \$25 excess bookkeeping fee. Client will be responsible for any attorney fees or court costs associated with collection of any balance due. No monthly statements will be provided.

Signature _____ Date _____

Print Name _____ Title _____