



Referral Contact Sheet



Please fill out the information below include as much information regarding the Owner and the company

I am Referring:

Owners First Name _____ Owners Last Name _____

Business / Company Name _____

Type of Business _____

Phone Number _____ Alt Phone Number _____

Email Address _____

Address _____

City

CA

Zip Code

My Information to Get the Referral Credit it they Sign up for Services:

I am a Current: Bookkeeping Client Payroll Client Tax Only Client (Non-BK or PR Services)

Referring The same company as Above. (If the information is the same as above just check the box on the left and leave below blank)

First Name _____ Last Name _____

Business / Company Name _____

Type of Business _____

Phone Number _____ Alt Phone Number _____

Email Address _____

Address _____

City

CA

Zip Code

After this form is filled out please send back to Taxco ASAP

Please Scan & Email the Form to billing@taxco.us or Fax to: 1(562) 663-9003

You can also Mail the form to: TAXCO Attn: Billing Dept 8822 Artesia Blvd. Bellflower, CA 90706

TAXCO USE ONLY:

Taxco Use Only

Referring Client #: _____ Control #: _____