



# WELCOME

Dear new Client:

Please complete all the following forms

**INCLUDING 3rd PARTY AUTHORITY FORMS**

and post to:

**SUM-it Accounts Ltd**

C/- Accounts Online Ltd

P O Box 83104

Johnsonville

Wellington 6440

*The banks request you do not use a Black Ink pen when signing these documents*

- It takes approximately 5-10 days for Xero and your bank(s) to process your documentation.
- Upon receipt of your completed sign-up forms, we will email you requesting further information required to set up your Xero file(s).
- We will contact you in about 4 weeks to arrange your training. By this time, there should be sufficient data available to maximise your training experience.

Welcome onboard from the SUM-it Accounts Team



## Business Details

Start Date: \_\_\_\_\_

Legal Name: \_\_\_\_\_

Trading Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Financial Year End	Associate:
Notes:	

## Addresses

Physical: \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

Postal: \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

## Contact Names

Industry \_\_\_\_\_

Business: \_\_\_\_\_

Home: \_\_\_\_\_

Toll Free: \_\_\_\_\_

Mobile: \_\_\_\_\_

Facsimile: \_\_\_\_\_

eMail: \_\_\_\_\_

## Bank Accounts

Bank	Branch	Account Number	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## GST Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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## Accountant

Firm: \_\_\_\_\_

Partner: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

## Monthly subscription \$

- Small Max 5 A/R & 5 A/P & 20 B/s Transactions
- Medium to Large Full features excluding Foreign Exchange
- Foreign Exchange Full /features plus Foreign Exchange

Setup	<input type="text"/>
Xero	<input type="text"/>
Tax Invoice	<input type="text"/>
Automatic Payment	<input type="text"/>

**SUM-it Accounts Limited**

PO Box 83104  
Johnsonville  
Wellington 6440  
0800 222 268

**Tax Invoice**

Date: \_\_\_\_\_

GST Number 91-940-388

**Customer Name and Address**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Monthly Subscription**    \$ \_\_\_\_\_  
**GST Exclusive**                    \$ \_\_\_\_\_  
**GST Inclusive (GST 15% )**    \$ \_\_\_\_\_  
Due on the 10th of each month

**Estimated Initial Setup Cost of Xero**

Xero Setup fee	Hours _____	x	\$ _____	= \$ _____
Installation & Training	Hours _____	x	\$ _____	= \$ _____
Prior period data entry	Hours _____	x	\$ _____	= \$ _____
Travel (if applicable)	Rental Car and Accommodation			= \$ _____
Estimate (Invoice based on actual time)	Hours _____	x	\$ _____	= \$ _____

GST Exclusive

**Terms of Service**

1. SUM-it Accounts Ltd will maintain absolute confidentiality of all information disclosed during and after the installation of this service and undertakes to do everything reasonably possible to provide cost effective solutions on an ongoing basis.
2. The monthly subscription will be reviewed every six months.
3. Present subscription rates are governed by the fees charged by the service provider(s) and in the event these charges are changed, this will be reflected in the six monthly reviews. SUM-it Accounts also reserves the right to charge reasonable late payment charges (interest) and collection fees if subscriptions are not paid on time. In the unlikely event this should occur SUM-it Accounts reserves the right to seek and share credit history.
4. Installation and training will be invoiced separately based on actual hours required and is payable within 7 days of the date of the invoice. Thereafter, free phone, fax or email support for software support is limited to 5 minutes per week. Any further assistance or help required due to technical support is chargeable as per the prescribed rates published on Accounts Online website.
5. One of SUM-it Accounts trainers will provide all training and support for this service but as the source of this service is dependent upon other service providers, SUM-it Accounts or their representatives shall not be responsible or liable for any defaults arising from the other service providers failing to provide their service.
6. Software upgrades will be supplied free of charge unless the service providers change their policy.
7. The contract is for a minimum of 36 months unless the client ceases to trade, in which case the client is required to give at least 10 days written notice to cancel. In all cases it is the Client's responsibility to advise SUM-it Accounts in writing of the cancellation to allow notification to all service providers. Failure to advise will result in the monthly subscription being payable until such time as the written business ceases to trade a similar 10 days written notice is required so SUM-it Accounts Ltd can stop the service. Failure to provide these notifications will result in the monthly subscription being payable until such time as the cancellation notice is received. It is the Client's responsibility to cancel the payment of the monthly subscription and no refunds will be payable as a result of the Client's failure to cancel such payments.
8. SUM-it Accounts Ltd agrees to exercise due care and diligence when working with the Client's data and equipment but shall not be liable for loss or subsequent damage arising from the service provided. It is the client's responsibility to protect their data and to provide suitable protection from hackers, virus's or any other risk.

\_\_\_\_\_  
Signature of Client (s)

This is a request to arrange coded cheque books and deposit books

**URGENT**

Date / /

Customer Name: \_\_\_\_\_

Customer Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Customer Services**

Bank


ANZ  
ASB  
BNZ  
CBS


National  
Nelson Build.Soc  
Westpac

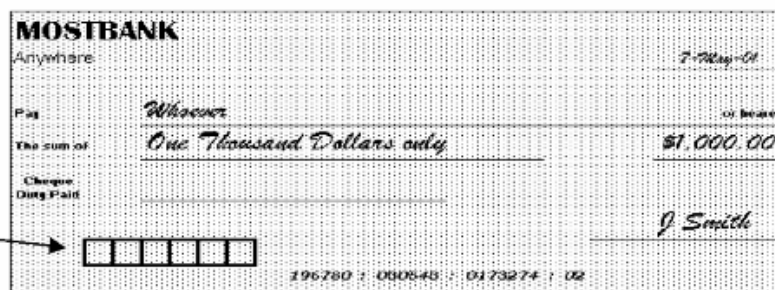
**Re Account Number**

Bank	Branch Number	Account Number	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Will you please arrange the supply of new cheque and deposit books with the Analysis Format as illustrated below

SAMPLE ONLY

Analysis Code  
(Blank Fields)



If this is the first time you have ever made a request for Analysis encoded cheques and deposits, and you are unfamiliar with them please telephone Accounts Online on 04 4999-035 or 021 660-678.

Yours faithfully

**Authorised Signatory(ies)**



Not to operate as an assignment or an agreement

### Payer Details To the manager

Important - Please Tick

Name of Bank  
Branch  
Name of Account

This is a new authority, or  
As from / / (first payment date), this authority replaces  
existing authorities for \$ in favour of the same Payee

### Account Details

On behalf of *(name if other than payer)*

Bank/Branch/Account Number/Suffix  
Details to appear on my/our bank statement:

Grid for Bank/Branch/Account Number/Suffix: [ ][ ] [ ][ ][ ][ ] [ ][ ][ ][ ][ ][ ][ ][ ] [ ][ ]

Particulars (max 12 characters): SUM-it Accounts Ltd  
Code (Max 12 characters):  
Reference (max 12 characters):

### Frequency and Amount

10/ / Last payment date OR Until further notice (tick)   
Frequency:  Weekly  Fortnightly  Four Weekly  Monthly or Specify other period  
Fixed Amount \$ Amount in words

Complete if applicable (one option only):

Variable Amount First \$ Last \$ Amount in words

### Payee Details

Pay to the credit of: Name of Bank **ASB Bank Ltd** Branch **Johnsonville**  
Name of Account **SUM-it Accounts Ltd**  
Bank/Branch /Account Number/suffix [ 1 2 ] [ 3 2 2 3 ] [ 0 0 7 1 5 0 4 ] [ 0 0 ]

Details to appear on payee's bank statement:

Particulars (max 12 characters):  
Code (Max 12 characters):  
Reference (max 12 characters):

### Conditions

- 1. The bank will use reasonable care and skill to give effect to directions given to it in the authority.
- 2. Where the directions given in this authority have been given by me/us for the purpose of a business, the Bank accepts those directions without any responsibility or liability for any refusal or omission to make all or any of the payments or for late payment or for any omissions to follow such directions.
- 3. The Bank accepts no responsibility or liability for the accuracy of the information contained in the payment information fields of this authority.
- 4. I/We undertake to advise the Bank immediately of any information about payments showing on Bank Statements which is incorrect.
- 5. This authority is subject to any arrangements now or hereafter subsisting between myself/ourselves and the Bank in relation to my account.
- 6. The bank may in its absolute discretion conclusively determine the order or priority of payment by it of any monies pursuant to this or any other authority or cheque which I/We may now or hereafter give to the Bank or draw on my/our account.
- 7. The Bank may in its absolute discretion refuse to make anyone or more payments pursuant to this authority where there is insufficient funds available in my/our account.
- 8. This authority may be terminated or reduced by the Bank or the payee without notice to me/us in respect of the payment detailed above.
- 9. This authority will remain in force and effect in respect of all payments made in good faith notwithstanding my/our death or bankruptcy or other revocation is received by the Bank.
- 10. All current Bank and Government charges for this service in force from time to time are to be debited to my/our account.

### Authorisation

- 1. Please make this automatic payment as detailed by debiting my/our account.
- 2. I/We understand and accept that the Bank accepts this authority only on the conditions above

Name of Account *(customer to complete)*

Customer's Signature Contact phone Date

Customer's Signature Contact phone Date

### Bank Use

Date received Recorded by Checked by