

EMPLOYER AUDIT COMPLIANCE SERVICE ORDER FORM

Please check selected package option. Please note, prices depend on the nature of the employer, the size of the employer, the number of physical locations for the employer, among other factors.

- Package 1: Basic PAGA Compliance Plan
- Package 2: Intermediate PAGA Compliance Plan
- Package 3: Advanced PAGA Compliance Plan

- Package 4: Comprehensive PAGA and HR Compliance Plan

Please select payment method: Check* Credit Card (Complete form below)
(Please note that no work will be performed until payment is received.)

Contact Name: _____ E-mail: _____

***Please make checks payable to Ervin Cohen & Jessup LLP and mail with this form to:
Ervin Cohen & Jessup LLP, Attn: Accounting Dept.
9401 Wilshire Blvd., 12th Floor, Beverly Hills, CA 90212**

Credit Card Authorization Form

- MasterCard Visa American Express Discover

Credit Card Number:

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Credit Card Expiration Date:

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MONTH

YEAR

CVV Code:*

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*(3 digit code on back of Visa, MC, Discover cards; 4 digit code on front of AmEx cards)

Street address #:

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Billing Zip Code:

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(Please enter street address numbers for billing address.
For example: 11234 Your Street = 11234)

Amount: \$ _____ Telephone #: _____

Name (as it appears on card): _____

Signature: _____ Date: _____

PLEASE PRINT