

REFERRAL REWARDS CLAIM FORM

PERSON CLAIMING THE REWARD (Please print clearly)

First Name _____ Last Name _____
Mailing Address _____ City _____ State _____ Zip _____
Home Phone _____ Work Phone _____ Cell Phone _____
Email Address _____

PERSON OR COMPANY YOU ARE REFERRING

First Name _____ Last Name _____
Company Name _____
Mailing Address _____ City _____ State _____ Zip _____
Home Phone _____ Work Phone _____ Cell Phone _____
Email Address _____

PLEASE CHECK THE CORRECT BOX

This referral is for a: Business Referral (\$100) Tax Return Referral (\$50)

FAX, MAIL, OR EMAIL THIS COMPLETED FORM TO

Peter F. Corrao, L.L.C
Bookkeeping & Tax Service
PO Box 701 • Tucson AZ 85702
Phone: 520-975-7701 • Fax: 520-396-3134
PeterCorrao@hotmail.com

*In order to qualify for the Referral Reward, the person or company you refer must become
a client of Peter F. Corrao, L.L.C. Bookkeeping & Tax Service.*