**Client Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Client Name: |  | Company Name (if applicable): |  |
| Address: | City, State, ZIP Code, Country. | | |
| Phone Number & Email Address: |  | Website: |  |

**Contact Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Primary Contact Person:** | | | |
| Name: |  | Position/Title: |  |
| Phone Number |  | Email Address |  |
| **Secondary Contact Person:** | | | |
| Name: |  | Position/Title: |  |
| Phone Number |  | Email Address |  |

**Business Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Industry: |  | Number of Employees: |  |
| Annual Revenue (optional): |  | Business Hours: |  |

**Service Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Services Required:** | | | | |
| Consulting | Product Supply | Technical Support | Training | Other: |
| **Preferred Contact Method:** | | | | |
| Phone | Email | In-person | Video Conference | Other |
| **Best Time to Contact:** | | | [Hourse:min] | [Hourse:min] |

**Billing Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Billing Address (if different from above):** | City, State, ZIP Code, Country. | | |
| **Billing Contact Person:** | [Name] | Phone Number] | [Email Address] |

**Payment Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Preferred Payment Method:** | | | | |
| Credit Card | Bank Transfer | Check | PayPal | Other: |
| **Payment Terms:** | | | | |
| Net 30 | Net 45 | Net 60 | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

**Additional Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Referred By:** |  | **Notes/Comments:** |  |

**Consent and Signature**

I hereby certify that the information provided above is accurate and complete to the best of my knowledge. I consent to the processing of this information in accordance with the company's privacy policy.

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature:** | Signature | **Date:** | (DD/MM/YYYY) |

**For Official Use Only**

**Received By:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Title: |  |
| Date: |  |  |  |