Client Information

|  |  |  |  |
| --- | --- | --- | --- |
| Client Name: |  | Company Name (if applicable): |  |
| Original Contact Information: | Address: City, State, ZIP Code, Country. | | |
| Phone Number: |  | Email Address: |  |
| **Updated Contact Information: (Complete only if different from above)** | | | |
| Address | Address: City, State, ZIP Code, Country. | | |
| Phone Number: |  | Email Address: |  |

Business Structure Changes

|  |  |  |  |
| --- | --- | --- | --- |
| **Original Business Structure:** | | | |
| Type: (e.g., Sole Proprietorship, Partnership, Corporation) | |  | |
| Number of Employees: |  | Annual Revenue (optional): |  |
| **Updated Business Structure: (Complete only if different from above)** | | | |
| Type: (e.g., Sole Proprietorship, Partnership, Corporation) | |  | |
| Number of Employees: |  | Annual Revenue (optional): |  |

Service Requirements Changes

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Original Services Required: | | | | |
| Consulting | Product Supply | Technical Support | Training | Other: |
| Updated Services Required: (Complete only if different from above) | | | | |
| Consulting | Product Supply | Technical Support | Training | Other: |

Additional Changes

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Preferred Contact Method: | | | | | | |
| Phone | Email | In-person | Video Conference | Original: | | |
| Updated: (Complete only if different from above) | | |
| Best Time to Contact: | | Original: | | Updated: (Complete only if different from above) | | |
| Billing Information Changes: | | Original Billing Address: | | Updated Billing Address: (Complete only if different from above) | | |
| Payment Method Changes: | | Original Payment Method: | | Updated Payment Method: (Complete only if different from above) | | |
| Credit Card | Bank Transfer | Check |
| PayPal | Other: | |

Additional Information

* Comments/Notes:

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 updated information in accordance with the company's privacy policy.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Printed Name: | | |  | | Title (if applicable): | |  | |
| **Signature:** | Signature | | **Date:** | | (DD/MM/YYYY) | |

For Official Use Only

|  |  |  |  |
| --- | --- | --- | --- |
| Received By: |  | | |
| Name: |  | Title: |  |
| Processed by: |  | | |
| Name: |  | Title: |  |
| Comments: |  | | |