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Attorneys at Law

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CLIENT INFORMATION SHEET

Please complete this sheet carefully. This is the information we will refer to in order to contact you. If your information changes, please be sure to let us know so that we may update our files.

Client Company Name (if applicable): _____
(This is the *full legal name* of the company)

Type of Company (e.g. corporation, LLC, etc.): _____

State incorporated in (e.g. California): _____

Client Company d/b/a names (if any): _____

Client Contact: _____
(This is the person you wish all legal correspondence to be directed to, and who has the authority to sign on behalf of the company)

Billing Contact (if different from client contact): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address (if different from street address): _____

Main Telephone Number: _____

Main Fax Number: _____

Direct Number of Client Contact: _____

Cell Number of Client Contact: _____

E-mail of Client Contact: _____

How did you hear about Cislo & Thomas LLP? _____

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Client Signature: _____ Date: _____