



PROCUREMENT AND ENFORCEMENT  
OF INTELLECTUAL PROPERTY

CISLO & THOMAS LLP  
*Attorneys at Law*

PATENT, TRADEMARK  
COPYRIGHT & RELATED MATTERS

### NEW CLIENT INFORMATION SHEET

Please complete this sheet carefully. We will refer to the information on this sheet to contact you. If any 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: \_\_\_\_\_

E-mail of Billing Contact (if different): \_\_\_\_\_

How did you hear about Cislo & Thomas LLP? \_\_\_\_\_

Preferred Payment Method:  Credit Card on Form  Cislo.com/pay  Called Billing Department

Credit Card Type (circle):  MC  Visa  AmEx

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Check No. (if applicable): \_\_\_\_\_ Other: \_\_\_\_\_

*I hereby give Cislo & Thomas LLP the right to charge \$250.00 for the initial consultation with attorneys. Any further work will require a written retainer agreement in the absence of any subsequent permission to charge the above card in writing. Cislo & Thomas LLP shall keep confidential all disclosures and shall not use them to its advantage, but only for the client pursuant to California Law.*

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

-----FOR C&T OFFICE USE ONLY-----

PAYMENT REC DATE:

STAFF:

NEW MATTER (G1) NO.:

CONSULTATION DATE:

ATTY:

LOG/TMS: