



ATTORNEY/CLIENT PRIVILEGED INFORMATION- BUSINESS

(Today's Date)

Full Company Name: _____

What type of company are you? (Sole Prop., S-Corp., C-Corp., Partnership, etc.)? _____

What state were you incorporated in, if applicable? _____

What is your Employer Identification Number, if applicable? _____

Who are your officers and directors, if applicable? _____

Who is the primary contact for this matter? _____

Business Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Mobile Phone: _____ Fax: _____

Email Address: _____

Do you prefer that we contact you at: Work Mobile
Do you prefer that we send invoices to you via: Email Mail Both

Have you consulted or retained any other attorneys on this matter before coming to this office?

Yes No If yes, please state who that attorney was:

Who are the potentially adverse parties in this matter?

How did you hear about us? Internet Yellow Pages Lawyer Referral Service

Referral from _____

For Firm Use:

Enter new client into:	<input type="checkbox"/> QB	<input type="checkbox"/> Address Book	<input type="checkbox"/> Excel Client List
	<input type="checkbox"/> File Created	<input type="checkbox"/> Rep Agrmt	<input type="checkbox"/> Refer Matrix
	<input type="checkbox"/> Conflicts-Check Database		
Responsible Attorney:	_____		
File Name:	_____		
Retainer:	_____		
Category:	_____		
Client Type:	_____		