



## Client Intake Form

Location Details						
Client:						
Location Name/ Business Name:				Phone:		
Business Category:						
Country:		State:		ZIP Code:		
Address Line 1:						
Address Line 2:						
Town/City:			Website URL:			
Contact Details						
First Name:						
Last Name:						
Phone:		E-mail:			Fax:	
Mobile Phone:						
Company Details						
Number of Employees:			Year of Company Formation:			
Extra Business Categories:						
Working Hours:						
Sun:	Mon:	Tues:	Wed:	Thurs:	Fri:	Sat:
Payment Methods Accepted: **Please circle all that apply						
Cash	Visa	MasterCard	American Express	Personal Check	Invoice	
Insurance	ATM/Debit	Travelers Check	Financing Available	PayPal	Discover	
Description and Services						
Short Description of Business: **up to 200 characters						
Full Description of Business: **up to 500 characters						
List of Services/ Products: **list up to 5						