

# CONSULTING CLIENT INTAKE FORM

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

## Contact Information:

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Company Information (if applicable):

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

## Project Details:

Project Name: \_\_\_\_\_

Project Description:

## Scope of Work / Services Requested:

## Budget and Payment Terms:

Estimated Budget: \_\_\_\_\_ USD

Payment Method and Schedule:

## Legal and Compliance Information:

The Client affirms that all information provided herein is accurate, complete, and truthful to the best of their knowledge. Client agrees to comply with all applicable laws and regulations relevant to the services requested. Consultant will maintain confidentiality of Client information except as required by law or agreed upon in writing. This Intake Form does not constitute a binding agreement for services; such agreements will be made in separate, duly executed contracts.

**Client Acknowledgment and Signature:**

I hereby certify that the information provided is accurate and complete and authorize the Consultant to proceed with a formal engagement.

**Client Signature**

**Consultant Signature**

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Name (Print): \_\_\_\_\_

Name (Print): \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

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