

CONFIDENTIAL

CPA - CLIENT PROFILE - INVESTIGATIONS

PHONE: (604) 838-6600 / FAX: (604) 760-4555 / www.cpaiii.com

CLIENT INFORMATION

FILE No.: _____.

*	Name: M	
*	DOB: __/__/____	Dr L No.:
*	Credit Card: / / /	Exp date: / CVS Code:
*	Home Address:	
*	City:	Province/State:
*		Postal/Zip Code:
*	Cell #: () -	Email:
		Other:
	Employer:	
	Work Address:	
*	<i><u>Please check which marketing media lead you to CPA International...</u></i>	
*	Advert. Source: Yellow Pages <input type="checkbox"/> / Internet <input type="checkbox"/> / CPA Store <input type="checkbox"/> / Referral <input type="checkbox"/> -	
*	Service Required: Surveillance <input type="checkbox"/> / Research <input type="checkbox"/> / General Investigations <input type="checkbox"/> / Locate <input type="checkbox"/> Counter Measures/ Technical <input type="checkbox"/> / Camera Systems <input type="checkbox"/> / GPS Tracking <input type="checkbox"/> / Computer Forensics <input type="checkbox"/>	
*	Service Request Details:	
	<u>Other Info:</u>	
*	Have you retained CPA's services in the past? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	If yes, indicate case number:	
	Client Reporting Instructions:	

Make notes on reverse if required:

* Required Information.