

CONFIDENTIAL

CPA - CLIENT PROFILE - DOCUMENT SERVICE

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

CLIENT INFORMATION

FILE No.: _____.

| | | |
|---|-------------------------------------|------------------|
| Company: | | |
| Name: M | Dr L No.: | |
| Credit Card: / / / | Exp date: / / CVS Code: | |
| Method of Pmt: Credit: <input type="checkbox"/> / Debit: <input type="checkbox"/> / Cash: <input type="checkbox"/> / Cheque-Draft: <input type="checkbox"/> / Account: <input type="checkbox"/> | | |
| Address: | | |
| City: | Province/State: | Postal/Zip Code: |
| Home #: () - | Email: | |
| Work #: () - | Fax: () - | |
| Cell #: () - | Other: | |
| * <i>Please check which marketing media lead you to CPA International...</i> | | |
| Advert. Source: Yellow Pages <input type="checkbox"/> / Internet <input type="checkbox"/> / CPA Store <input type="checkbox"/> / Referral <input type="checkbox"/> - | | |
| Previously retained CPA's services? No <input type="checkbox"/> Yes <input type="checkbox"/> Case number: | | |
| Service Required: Document Service <input type="checkbox"/> / Locate & Serve <input type="checkbox"/> | | |
| Target Name: | | |
| Target Address: | | |
| Type of Document(s): | | |
| Service Request Details: | | |
| | | |
| | | |
| <u>PROCESS SERVER/OFFICE USE ONLY:</u> | | |
| Investigator Assigned: | | |
| Service Method: | | |
| Location of Service: | | |
| Date and Time - Service: | | Fee: |
| Attempt #1: | | Fee: |
| Attempt #2: | | Fee: |
| Attempt #3: | | Fee: |
| Travel Time: | | Fee: |
| Kilometers: | | Fee: |
| Affidavit: | | Fee: |
| Notary/Court Fees: | | Fee: |
| Notes: | | |
| | | |
| | | |

Make notes on reverse if required: