CONTRACT REVIEW CLIENT INTAKE FORM

<u>Disclaimer</u>: Thank you for your interest in being a client of Information collected about new clients is confidential and will be treated accordingly.

PLEASE COMPLETE ONE (1) INTAKE FORM PER CONTRACT. Contracts submitted for review must be attached to this form. If submitted electronically, contracts must be attached in a modifiable format that may be edited electronically.

	CLIENT INF	ORMATION		
Client Name:	En	tity Type:		
EIN / Federal Tax Identification	on Number: _			
Street Address:				
City:	_ State:		_ ZIP Code:	
Company Website:				
Describe the nature of your l	business:			
Contact Person Information				
Contact Name:		Job Title:		
Primary Phone:	Se	condary Phone:		
E-Mail:	Fax:			
	CONTRACT II	NFORMATION		
Contract Type:				
Anticipated Contract Value: 9	\$			
		Requested Deadline:		
Explain any deadline or time	frame issues	S :		

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List the specific sections of the contra to address:	act that you're un	sure of and would like us		
List any sections or language that you	ı would like us to	add to your contract:		
List and provide copies of, or links to any policies, regulations, or laws that were relied on in developing your contract:				
List and attach the main contract document(s) and each attachment or exhibit to those document(s). If particular contract provisions are problematic or were difficult to negotiate, indicate those provisions and explain the issue below.				
Document Name	No. of Pages	Troublesome Provisions?		
		□ Yes □ No		
		□ Yes □ No		
		□ Yes □ No		
		☐ Yes ☐ No		
		□ Yes □ No		
		□ Yes □ No		
		□ Yes □ No		
Explain the troublesome provisions indicated above (if any):				
Provide any other information that ma	y assist us in the	e review of your contract:		
SIGNATURE				
	-			
Client Signature:				
Print Name:				
Title:				

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