

Berglas & Associates

CLIENT INFORMATION SHEET Confidential Information

Date Client Retained: ____/____/____ Agent: _____

Name of Client: _____

Address: _____

City, State, Zip: _____

Contact Phone:

Bus. (____) _____ Fax: (____) _____

Home: (____) _____ Fax: (____) _____

Cell: (____) _____ Email: _____

What is the best time to contact you? _____

#of Law Suits: _____

Back Taxes Owed: _____

Total of All Bills Owed: _____

Employees Down: From: _____ To: _____

Sales Down %: _____

Bankruptcy Considered? Yes No

Can You Raise 50% Within One Week? Yes No
If you can not come up with 50%, how much can you come up with? _____

Are your bills current? Yes No

Is there any other Company working on these accounts? Yes No

Comments:

