

CONFIDENTIAL CLIENT INFORMATION FORM

Please assist us in our communications with you by completing, as best possible, the following informational guide. Rest assured that all information provided remains strictly confidential with our firm, and is only released with your permission. Please print clearly, or complete the fillable fields using Adobe Reader, and return this to us via email (info@BerensonLLP.com) or fax at (703) 991-2195 with either (i) a completed page 12, requiring a company or personal credit card to be placed on file with our firm or (ii) a minimum advance retainer of \$5,000. We welcome the opportunity to work with you.

How were you referred to us? Attorney Magazine/Newspaper Government Associate Other _____

Individual Information	
Individual Name	Personal Email*
Home Telephone	Mobile Telephone
Primary Address (Street)	Primary Address (City, State, Zip)

Company Information		
Company/Entity Name	Primary Business Telephone	
Web Page, If Any	Business Fax	
EIN and Tax Structure (If Known)	Year Established	
Primary Address (Street)	Primary Address (City, State, Zip)	
Contact Person Name	Contact Person Title	
Contact Person's Telephone	Contact Person's Email*	
Main Product Lines	States in Which You Do Business	Estimated Current Year Volume
Issue or Areas of Immediate Concern:		

* Required to receive Berenson LLP invoices electronically. See page 8 for details.

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Counsel to the Remodeling and Home Improvement Industry

BERENSON LLP