

VIGILSHORE

Client Information Form

Purpose: To collect important details about a client for account creation or service enrollment.

Fields:

1. **Full Name:**

(Required)

2. **Company Name (if applicable):**

(Optional)

3. **Email Address:**

(Required)

4. **Phone Number:**

(Required)

5. **Billing Address:**

(Required)

(Street Address, City, Postal Code)

6. **Shipping Address** (if different from Billing Address):

(Optional)

7. **Preferred Contact Method:**

- Email
- Phone
- Both

8. **Account Number (if applicable):**

(Optional)

9. **Business Type (if applicable):**

- Sole Proprietor
- Partnership
- Corporation
- Non-Profit
- Other (Please Specify):

10. **Services Interested In:**

- Risk Management
- Venture Equity

- Partner/Investor
- Other (Please Specify):

11. Preferred Payment Method:

- Credit/Debit Card
- Bank Transfer
- PayPal
- Other (Please Specify):

12. How Did You Hear About Us?

- Website
- Referral
- Social Media
- Advertisement
- Other (Please Specify):

13. Contractor Referred Deal:

- Yes, this was a contractor-referred deal
- No, this was not a contractor-referred deal

14. Acceptance of Terms & Conditions, Privacy, and Ethical Standards:

- I have read and agree to the Terms & Conditions, Privacy Policy, and Ethical Standards of VIGILSHORE.

(Required)

(By selecting this option, you confirm that you understand and agree to the terms of our services, privacy policies, and ethical standards.)

Instructions:

- Please complete all required fields to ensure proper account creation or service enrollment.

- If you were referred by a contractor, please indicate it in the appropriate section.
- Complete the acceptance of Terms & Conditions and Privacy Policy.
- Once completed, submit the form via email or through the online portal.

Submission:

- **By Email:** Send the completed form to VigilshoreHelpdesk@outlook.com.
- **By Help Center:** Visit our [Help Center](#) to submit the form directly online.

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