

Avrem Technologies, LLC

316 West Federal Street • Youngstown, Ohio 44503

Client Information Form

Contact: _____ Title: _____

Company/Organization Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: _____ Work _____ Home _____ Mobile _____

Secondary Phone: _____ Work _____ Home _____ Mobile _____

Email Address: _____ Web Address: _____

Preferred Contact Method: Phone Email

Preferred Billing Method: Mail Email No Preference

Tax Exemption Status: Not Exempt Exempt (an exemption certificate must be on file)

Authorized Contacts

Only the primary contact and those contacts listed below will be authorized to make decisions. You may also choose to allow any member of your organization to make decisions. It is important to understand that even in the event of an emergency; no work will be completed unless approved by an authorized contact. (Anyone not authorized to make decisions will still be able to request assistance, submit service tickets, etc.) Attach additional sheets if necessary.

Name _____ Phone/Ext./Email _____

Name _____ Phone/Ext./Email _____

Name _____ Phone/Ext./Email _____

Any member of my organization is authorized to make decisions.

I, the undersigned, hereby verify this information to be correct and understand that it is my responsibility to notify Avrem Technologies, LLC of any changes. Further, I acknowledge that I have received a copy of the Terms and Conditions (the "Agreement") of Avrem Technologies, LLC (also available at <http://www.avrem.com/policies>) and agree to accept and be bound by the Agreement in connection with any and all products purchased or services ordered from Avrem Technologies, LLC. I understand and agree that the Agreement shall be incorporated by this reference in all orders placed with Avrem Technologies, LLC.

Signature _____ Date _____