

CLIENT PROFILE

<u>Directions</u>: Please complete the information requested below in order to establish your file with Business Mentors, Inc. Credit card information will be used to hold/guarantee your appointment times and to provide a simple resource for billing for our services. <u>Suggestion</u>: *To use this fillable form, first download the form and save to your computer. Fill in the form, and then again save it. Once completed, return it to our offices.*

Personal Data						
Name						
Home Address						
City			State		Zip	
Preferred Mailing Address:	Yes	No				
Professional Data Company Name						
Title						
Company Street Address					Suite	
City			State	Zip		
Contact Information						
Office Telephone:				Fax:		
Home Telephone:				Cellular Tel	ephone:	
Preferred Email:						
Additional Data						

US Citizen? Yes Referred by:

No

If No, Citizen of What Country?

CONFIDENTIAL CREDIT CARD INFORMATION



Please provide credit card information below to **HOLD** appointment times for meetings and conference calls. All appointments should be canceled at least **24 hours** in advance to avoid billing. Less than 24 hours will result in full billing for the canceled appointment. Monday appointments should be canceled by 5:00P on the previous Friday. Payment is due at time of service. Any payment, whether credit card or check, is subject to a **\$25.00** per day handling fee if the card is declined or check returned until valid payment is received and processed.

Credit Card (check one): Amex Visa MasterCard Discover

Credit Card #: Expiration Date: Security Code
(4 digits for Amex on front of card; three digits for Visa, MC and Discover on back of card)

Name on Card:

Is this a debit card: Yes No

Billing address (if different from home address):

Street City State Zip Code

Signature (typed signature acceptable)

Disclosure:

All credit card charges are processed by Plummer Accounting Services on behalf of Business Mentors, Inc. Processing will be done by First Payment Systems and receipt transmittals will originate from alstewart@business-mentors.com. Charges for services will appear on your statement as **Business**Mentors, Inc. Information provided to Business Mentors will be kept in strictest of confidence; however, there is no confidentiality privilege recognized by any court between a career consultant and client. Therefore, any and all information provided to our office will not protected by any statutory privilege.

By signing below, I hereby understand and acknowledge that any and all information that I may provide to or discuss with Business Mentors may be required by law to be disclosed to a third party. I hereby release Business Mentors from and waive any and all claim(s) that I may have relating to or arising from the release of such information or records, including any or all claim(s) that I may have for of breach of professional duty.

Signature: Date:

*Client acknowledges that a typed signature entered on signature lines represents his or her acknowledgement of the provisions stated and that the entry of a typed signature is legally binding.