



Client Intake Form

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

How did you hear about us? _____

Type of Notarization: _____

Fee Agreed Upon: _____ + Travel Base Rate: _____

+

Total Miles Traveled: _____ = \$ _____

(Round Trip) \$0.75 per mile

Payment Method: Cash Check _____ Money Order Credit/Debit

Please note there will be a 4% convenience fee for all credit/debit transactions

Discount Applied: _____ Veteran Emergency Services

Grand Total Paid: _____

Client Signature: _____ Date: _____

