

CLIENT INTAKE FORM

Thank you for choosing **A JAMES GLOBAL SERVICES, Inc.** We work for you to provide exceptional services and timely delivery.

WWW.AJAMESGLOBAL.COM **TEL: (803) 298-8922**

EMAIL: INFO@AJAMESGLOBAL.COM

Please complete and forward to the above email address.

A copy of this form is also available online at www.ajamesglobal.com, under Information Center.

Business Name

Website:

Primary Contact Name First, Last, Title

Email:

Secondary Contact Name First, Last, Title

Office

Mobile

Office

Mobile

Physical Location Address

Billing Address, if different

City, ST ZIP Code

City, ST ZIP Code

BILLING DETAILS

Billing Net: Upon Invoice Receipt Bi-Weekly Monthly

Past Due Balance added on 5 days 15 days 31 days

Email Billing

Mail Billing

Online Payment

Mail in Payment

CC Email

Mail in payments to Processing Dept. P.O. Box

City, ST ZIP Code

**Please Note all accounts will incur a 5% late fee on all past due balances.
Please note for your records the payment methods indicated above.**

WORK SPECIFICATIONS

Circle all that apply: **FULL SERVICE FACILITY SUPPORT SERVICES** **JANITORIAL & MAINTENANCE SERVICES**

ADMINISTRATIVE SUPPORT SERVICES **RELOCATION MANAGEMENT SERVICES** **DISASTER RESPONSE SERVICES**

GROUPS MAINTENANCE SERVICES **MISC SERVICES**

Specific Work Scope:

Expected Commencement Date:

Location Address

Expected Completion Date

City, ST ZIP Code

I authorize as noted above all services, maintenances and otherwise specified work requested above to be performed by A James Global Services, Inc. and on the premises noted and included on attachments herein. Any additional work requests not listed shall be requested via online Work Order. I acknowledge all billing and payment terms as listed above.

Authorized Signature/ Title

Date

A James Global Services, Inc/ Title

Date