



**NEW CLIENT INFORMATION FORM**

**901 BRUTSCHER ST., SUITE D  
PMB 224  
Newberg, OR 97132  
503-358-7927**

**CLIENT INFORMATION**

**CLIENT NAME:**

**CLIENT MAILING ADDRESS:**

**CITY:**  **STATE:**  **ZIP:**

**CLIENT PHONE:**

**PRIMARY CONTACT NAME:**

**PRIMARY CONTACT EMAIL:**

**PRIMARY CONTACT PHONE:**

**PROJECT CONTACT NAME:**

**BILLING EMAIL:**

**BILLING ADDRESS:**

**CITY:**  **STATE:**  **ZIP:**

**SPECIAL BILLING INSTRUCTIONS:**

**PAYMENT INFORMATION**

**FOR PHYSICAL CHECKS, PLEASE MAIL TO THE ADDRESS ABOVE**

**We accept Visa, Mastercard, American Express, and Discover.**

**Credit Card Payments may be made at:**

[www.certpts.com](http://www.certpts.com)

**PayPal, Zelle and Venmo are also accepted.**

**Please contact us for information receiving e-checks.**