



# TPS GROUP - CLIENT INTAKE FORM

Confidential | Tactical Protection Solutions

## Client Information

Company Name: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Primary Contact Name: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

## Client Profile

Client Type (Check One): ☐ Individual ☐ Corporate ☐ Event Organizer ☐ High-Net-Worth Family

☐ Other: \_\_\_\_\_

Full Legal Name (for individuals): \_\_\_\_\_

DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Preferred Name or Alias (if applicable): \_\_\_\_\_

Home/Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Alternate Contact (Assistant/Manager/Representative):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_

## Service Requirements

Type of Service Requested (Check All That Apply):

☐ Close/Executive Protection ☐ Armed Security ☐ Estate/Residential Security

☐ Corporate Facility Security ☐ Event Security ☐ Travel/Tour Protection

☐ Risk Assessment ☐ Firearms/Defense Training ☐ Other: \_\_\_\_\_

Purpose of Service (Brief Overview): \_\_\_\_\_

\_\_\_\_\_

Estimated Duration of Service: ☐ One-time/Short Term ☐ Ongoing ☐ Long-Term Contract

Start Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ End Date (if applicable): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Service Locations: \_\_\_\_\_