



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: _____