



CLIENT INFORMATION

Name:

Company Name/
Address:

Phone number: Ext.

Fax number:

Cel number (option)

Email Address:

Birthday (Optional) Month Day

Note: Client contact information can be updated online on the website by choosing the link to "Client Contact Info"

CLIENT PREFERENCES

The following questions will assist us in providing a more client friendly service:

Do you prefer to be initially contacted by the investigator? After the file is received by us (or)
 After progress in the file

Do you prefer the video to be sent in what format? VHS CD

Do you prefer to receive written interim reports? Monthly As requested by client

When is the preferable time to contact you with updates? (check all that apply or check the "as required")

	Monday	Tuesday	Wednesday	Thurs	Friday	Weekend
Mornings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Contact me:
As required

Notes:

Do you prefer to have audit video taken during surveillance? No Start/ Stop Hourly

Thank you

Fax to (403) 949-5516 or email to info@gryphinv.com