

Client Onboarding and Service Authorization Form

Please complete all sections of this form to initiate onboarding and authorize services. This document is formatted for printing and physical archiving.

1. Client Information

Company / Organization Name:	<input type="text"/>
Primary Contact Person:	<input type="text"/>
Job Title:	<input type="text"/>
Phone Number:	<input type="text"/>
Email Address:	<input type="text"/>
Street Address:	<input type="text"/>
City, State, Zip Code:	<input type="text"/>

2. Billing & Financial Information

Billing Contact Name (if different):	<input type="text"/>
Billing Email Address:	<input type="text"/>
Billing Address (if different):	<input type="text"/>
Preferred Payment Terms:	<input type="text" value="e.g., Net 30"/>

3. Service Authorization Details

Service/Project Name:	<input type="text"/>
Proposed Start Date:	<input type="text" value="MM/DD/YYYY"/>
Scope of Work Summary:	<input type="text"/>
Estimated Budget / Fee:	<input type="text"/>

4. Authorization & Sign-Off

By signing below, the Client authorizes the service provider to commence the onboarding process and initiate the services described above in accordance with the standard terms and conditions.

Client Authorized Representative (Print Name):	<input type="text"/>
Signature (For Printed Form Only):	<input type="text" value="Sign on printed copy"/>
Date:	<input type="text" value="MM/DD/YYYY"/>

Provider Authorized Representative (Print Name):	<input type="text"/>
Signature (For Printed Form Only):	<input type="text" value="Sign on printed copy"/>
Date:	<input type="text" value="MM/DD/YYYY"/>