

Client Communication and Contact Information Sheet

Please complete this sheet to maintain accurate client records. This document is formatted for physical filing and print distribution.

Primary Client Details

Client Name:

Company Name:

Job Title:

Account ID / Reference Number:

Primary Contact Information

Primary Phone:

Alternative Phone:

Email Address:

Website Address:

Mailing & Billing Address

Street Address:

Suite / Apartment:

City:

State / Province:

Zip / Postal Code:

Secondary Contact Person

Contact Name:

Role / Relationship:

Phone Number:

Email Address:

Communication Preferences

Preferred Contact Channel (e.g., Email, Phone, Mail):

Best Day & Time to Contact:

Desired Communication Frequency:

Communication History & Notes

Last Contact Date:

Summary of Last Discussion:

Next Scheduled Action / Follow-Up:

Special Instructions or Notes: