

ATTORNEY CLIENT SIGN-UP SERVICES

REQUESTING LAW OFFICE:			
Contact Person:			
Address:			
Phone:		Fax:	
Email:			
Potential Client (s):		&	
Address:			
Phone #1:		Phone #2:	
Miscellaneous/Additional info:			

Name Authorizing Personnel

Signature of Authorizing Personnel

Please forward all required documentation for the potential Client's signature along with this completed form. We will email a signed copy of the documents upon completion of the signing process. The original documents shall be delivered/mailed to your office.

Return this form to: info@bertolegal.com
If you have any questions please contact us at: 1 800-440-5738