

New Client Profile Setup Worksheet

GENERAL INFORMATION Registration ID Registration Date Company Type CLIENT COMPANY INFORMATION Company Phone Company Name Company Email Country **Address** Province/State Postal Code/Zip Code City **CLIENT CONTACT INFORMATION Main Contact First Name Last Name** Title **Email Phone** Ext **Secondary Contact First Name Last Name** Title **Email** Phone Ext **Technical Contact** ☐ Same as Main Contact ☐ Same as Secondary Contact **First Name Last Name** Title **Email** Phone Ext ☐ Same as Secondary Contact **Billing Contact** ☐ Same as Main Contact **First Name Last Name** Title **Email** Phone Ext **ACCOUNT SETTINGS** New Account **Plugg Account** Link Existing - Account # (______) ☐ Prepay ☐ Post-Pay ☐ Plugg Account **Service Fees**

■ Monthly

☐ Weekly

Billing Cycle