



CLIENT INFORMATION AND AGREEMENT FORM Schedule 13D/13G Online Workstation (schedule13d.com)

Company Name: _____

BILLING ADDRESS: _____

City: _____

State: _____

Zip: _____

CONTACT INFORMATION:

Name _____

Title _____

Telephone: _____

Fax: _____

Email: _____

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Please indicate your understanding and agreement of this Client Agreement Form by signing this form in the space below and returning to it EPS by email or fax.

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Visa MasterCard Discover Amex

Card # _____

CVV: _____

Name on Card: _____

Expiration Date: _____

Full Address of Cardholder: _____
Street State Zip code

Schedule 13D/13G Online Workstation (schedule13d.com) pricing. Check box below.

Schedule 13D/13G Filers: \$75 per filing

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