



New Client Information Form

Name of Agency (as you want it to appear on the manual)

Billing Address

Accounts Payable Point of Contact
Name:
Email:
Phone:

Risk Management Group/Insurance Pool

Accreditation Agency (if applicable)

Agency Fiscal Year Start

If purchasing Law Enforcement, please complete the following section:

Chief/Sheriff Name	Title	Email	Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Primary Contact Full Name	Title	Email	Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If purchasing Custody, please complete the following section:

Chief/Sheriff Name	Title	Email	Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Primary Contact Full Name	Title	Email	Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If purchasing Fire, please complete the following section:

Chief Name	Title	Email	Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Primary Contact Full Name	Title	Email	Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>