

ILDC CLIENT FORM

Please fill in and return to us by fax, email as interest confirmed. With payment agreement is confirmed.

CLIENT CONTACT INFORMATION:

Name : _____
Address Line 1 : _____
Address Line 2 : _____
TELEPHONE : _____
EMAIL : _____

2. SERVICES: [Please tick appropriate and detail]

2a. Research, Editing, Design & Layout

[Detail:.....]

2b. Document, Docket, Project

[Detail:.....]

2c. Consultation (ie general, communications, attorney-based, other specialist etc.)

[Detail:.....]

[Specialist eg attorney, if any.....]

2d. Action ie Court, Process Serve, Legwork, Follow Up

[Detail:.....]

2e. Other

[Detail:.....].

3. TERMS:

1. Client agrees to pay fees as per invoice and/or agreed in 2 parts, unless otherwise agreed.
2. Client agrees to pay all fees imposed by entities/ specialists eg registrations, license, tax, court eg warrants etc.
3. No agreement is final without payment in part or full as required.

4. FEES:

Method of Payment: JNB We U Paypal Moneygram Cash Check Other

Deposit:..... **Paid On**.....**By**..... **Balance due:**.....

Payment 2:.....**Paid On**.....**By**..... **Balance due:**.....

Payment 3:.....**Paid On**.....**By**..... **Balance due:**.....

JOB STARTED..... **Complete:**.....

SIGNED BY:

Client:, **Agent:**,

On:..... **On:**.....