



New Client Intake Sheet

Company Name: _____

Company Site Address: _____

City: _____ Zip Code: _____ Phone: _____

Same as Site Address / Company Mailing Address: _____

City: _____ Zip Code: _____

<input type="checkbox"/>	Grower	<input type="checkbox"/>	Tier I	<input type="checkbox"/>	Flower
<input type="checkbox"/>	Producer	<input type="checkbox"/>	Tier II	<input type="checkbox"/>	Extract
<input type="checkbox"/>	Processor	<input type="checkbox"/>	Tier III	<input type="checkbox"/>	Other _____

Send Data To:

Name: _____ Phone Number: _____

Email: _____

Name: _____ Phone Number: _____

Email: _____

Schedule Pick-Ups With:

Name: _____ Phone Number: _____

Email: _____

Send Receipt/Invoice To:

Name: _____ Phone Number: _____

Email: _____

INTERNAL USE ONLY

Notes: _____ Date _____ Initials _____

Follow-Up Needed?

Pick-Up

Drop-Off

Inquiry