



New Client Information Form

Company: _____

Company Address: _____

Primary Contact (Name): _____

Primary Contact (Phone): _____

Fax: _____

Alt. Contact (Name): _____

Alt. Contact (Phone): _____

Primary Contact E-mail: _____

Additional CC: _____

EIN: _____

Mindfile Multimedia, Inc.
34-52 43rd Street, #1L
Long Island City, NY 11101
Office: 347-418-5599
Fax: 718-440-9717