## American Managed IT Services, Inc.

New Client Intake Form

Point of Contact Name:			
Email Address:			
Company Name:			
Company Legal Address	·		
Address 2:			
City:	State:	USA Zip Code:	
Country:	ry: Foreign Postal Code:		
Best Phone Number: (Ir	clude the Country Code):		
Industry:			
NAICS Code:			
Describe your IT Needs i			
_			
Site Address Being Supp	orted (Primary):		

Address 2:	
Site Information (Continued):	
City:	State:
Zip Code:	-
Number of Additional Locations:	
Cities or Neighborhoods of Additional Locations:	
Countries of Additional Locations:	
Types of Services Required:	
Managed IT Services	
Managed VoIP Phone Services	
Web Design Services	
Digital Marketing Services Third-Party IT Support	

Point of Contact Signature: