

Perspective Client Form

Name of Perspective Client: _____

SITE ADDRESS LOCATION:

Address: _____ Suite: _____

State: () AZ () CA (Mark one) Zip _____

Billing:

Address: _____ City: _____

State: _____ Zip: _____ Contact Phone Number(_____) _____

Fax Number:(_____) _____ Email Address _____

Name of Person for contact: _____ Title: _____

Type of Perspective Client: () Commercial * () Industrial * () Residential (Mark one)

Type of Services that Perspective Client wants:

Period of Service: _____ () Day () Week () Month () Year () Other

When does the Perspective Client wish for the Service to Start: _____ Date
_____ Time Am/Pm Total amount of Hours: _____

How Many Security Guards do the Perspective client needs _____ () Unarmed
_____ () Armed

Thank you for your time, We look forward to talking with you and Servicing you and all of your Security Needs.

If at any time you may have any questions Please fill free to call us 24 hours a day 7 days per week. We will gladly answer any questions that you may have.

(800) 782-3943

Again Thank you for your time.

ADS Statewide Security

PRIDE IN SERVICE

SUBMIT