NEW CLIENT INTAKE FORM

CLIENT-002

Complete this form for the organization requesting Arcleron services. Fields marked with an asterisk are required for initial review.

ORGANIZATION IDENTITY

Legal business or organization name *

DBA / trade name

Entity type

State / country of formation

Year established

Principal business address *

Website and primary industry

PRIMARY CONTACT AND AUTHORITY

Primary contact name *

Title / role *

Business email *

Business phone *

Contact authority

- ☐ Owner / member
- ☐ Officer / executive
- ☐ Authorized manager
- ☐ Project lead
- ☐ Other

Who has final authority to approve scope, fees, access, and agreements? *

BUSINESS PROFILE

NEW CLIENT INTAKE FORM - CONTINUED

CLIENT-002

Approximate organization size

- [ ] 1-5 employees
- [ ] 6-25
- [ ] 26-100
- [ ] 101-500
- [ ] 500+
- [ ] Not applicable

Products, services, customers, and operating locations

Current priorities, constraints, or events driving this request *

Existing advisers, vendors, internal teams, or stakeholders Arcleron may need to coordinate with

ENGAGEMENT FIT AND RISK SCREENING

Requested service areas

- [ ] Business & management consulting
- [ ] Research & market entry
- [ ] Sourcing & supplier development
- [ ] Efficiency, cost control & performance
- [ ] Technology & business systems
- [ ] Operations & process design
- [ ] Venture / subsidiary oversight
- [ ] Other

Does the matter involve any of the following?

- [ ] Personal or regulated data
- [ ] System or account access
- [ ] Employee records
- [ ] Financial records
- [ ] Contracts / rate cards
- [ ] Cross-border activity
- [ ] Pending dispute or claim
- [ ] None known

NEW CLIENT INTAKE FORM - CONTINUED

CLIENT-002

Explain any selected risk area, deadline, conflict, or sensitivity

How did you learn about Arcleron?

CERTIFICATION AND SIGNATURE

I certify that the information provided in this form is accurate to the best of my knowledge and that I am authorized to submit it for the organization identified. This signature confirms submission only; it does not create a consulting relationship, authorize work, or execute a separate NDA, Consulting Services Agreement, or Statement of Work.

Choose one signature method

- ☐ Handwritten signature
- ☐ Electronic signature

Optional electronic signature
If I select Electronic signature and type or draw my name in the signature field below, I agree to conduct this submission electronically and intend that mark to serve as my electronic signature. I may instead print and sign by hand. A copy of the completed form should be retained for my records.

Printed legal name *

Title / role *

Signature - handwritten or adopted electronic signature *

Date signed *

Business email *