



**ATTORNEY SERVICE GROUP**

A Division of IOS, LLC

**CLIENT INQUIRY** *Please fill out this form:*

Regarding \_\_\_\_\_

Respond to me by:  Email  Fax  Phone

Name Prefix:  Mr.  Ms.  Miss.  Mrs.

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Title \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Comments: \_\_\_\_\_

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**FAX THIS FORM TO: (877) 532-4631**