



FILE INFORMATION FORM

FOR ASSISTANCE CALL: (800) 733-9933

MO.	DA.	YR.	FIRM #	SORT #	OPEN	CHANGE	FILE #	AREA CODE	TELEPHONE #

CLIENT NAME AND ADDRESS (40 CHARACTERS & SPACES PER LINE)									
1.									
2.									
3.									
4.									
5.									

INITIAL FILE PAYMENT	\$	<table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>									.	<table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td></tr> </table>			PAYMENT CODE	<table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td></tr> </table>				<small>WARNING: IF YOU POST THE PAYMENT HERE DO NOT POST IT ON YOUR LOG!</small>

FILE DESCRIPTION (Use separate box for each letter, space, punctuation) PRINT CLIENT'S SURNAME OR BUSINESS NAME FIRST																			

LATE PAYMENT CHARGE			
Print the annual percentage here	<table border="1" style="width: 40px; height: 20px;"> <tr><td> </td><td> </td></tr> </table> %		

MUST CHECK ONE AND ONLY ONE									
<input type="checkbox"/>	R = REGULAR FILE								
<input type="checkbox"/>	C = CONTINGENCY FILE								
<input type="checkbox"/>	B = BAD DEBT FILE								
<input type="checkbox"/>	D = DEFERRED PAYMENT FILE								
<input type="checkbox"/>	N = NON CHARGEABLE FILE								
<input type="checkbox"/>	F = FLAT FEE FILE								
OPEN FILE FLAT FEE CHARGE									
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Timekeeper Number	Hourly Rate	TK#	\$.			
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