

# Esquire Asset Management

## CLIENT INFORMATION & PREFERENCES

--

CLIENT NAME(S)

--

CLIENT ADDRESS

### CONTACT INFORMATION

Telephone

--	--	--

Daytime

Evening

Cell Phone

### FAX NUMBER

*Is your fax secure or should we call before sending a document to you by fax?*

My Fax is Secure: Yes? ____ No? ____	
--------------------------------------	--

### E-MAIL

Do you check your E-Mail every day? YES \_\_\_ NO \_\_\_ (Please Check One)

--	--

Primary E-Mail

Secondary E-Mail

### SECURITY INFORMATION

--	--	--

Tax ID Number

Date of Birth

Place of Birth