



# Gary Eikenberry Consulting

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## Client Account Form

### Billing/Primary Contact

Bill To: \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_

City, Prov, Postal Code: \_\_\_\_\_

Phone/Fax: \_\_\_\_\_

Mobile: \_\_\_\_\_

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

WWW: \_\_\_\_\_

### Other/Admin/Secondary Contact

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City, Prov, Postal Code: \_\_\_\_\_

Phone/Fax: \_\_\_\_\_

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

### Primary IT Contact (if applicable/different)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City, Prov, Postal Code: \_\_\_\_\_

Phone/Fax: \_\_\_\_\_

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