

ShareFile Client Portal

Please indicate each person that should have access to your client portal and provide a current email address that will be used to access the account. Please print legibly to ensure accuracy.

Name	Email Address
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Name	Email Address
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Name	Email Address
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Name	Email Address
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_____ I have computer limitations or other concerns and would like to receive all correspondence by mail.

Authorized Signature	Date
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Authorized Name

Business Name