

# True Blessings

## Non-disclosure Agreement & Confidentiality Form

Client: \_\_\_\_\_ Contact: \_\_\_\_\_

Date: \_\_\_\_\_

I agree that, in consideration for access to information submitted to me by \_\_\_\_\_ is private, and confidential to True Blessings representatives only. True Blessings will keep all information confidential, and will not disclose or share information provided to us without written authorization of the client.

Both parties will sign, acknowledging this document being presented and received in the process of registration.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Print Name / Title**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Print Name / Title**

\_\_\_\_\_  
**Date**