



Type of Business Form

Company Name: _____

Legal Address: _____

Description of Business: _____

What type of business do you have?

Sole Proprietor Partnership LLC Sole Member LLC Partnership
S-Corporation Corporation LLC Corporation

Date business was started: _____ State(s) operating in: _____

Date of Incorporation: _____ State(s) Incorporated: _____

Owner and Officer Information

(Please provide the following information for all owners & officers of your business)

Name: _____ Title: _____

SSN: _____ Officer Owner % of Ownership: _____

Address: _____

Name: _____ Title: _____

SSN: _____ Officer Owner % of Ownership: _____

Address: _____

Name: _____ Title: _____

SSN: _____ Officer Owner % of Ownership: _____

Address: _____

Company Administrator Information

Name: _____ Title: _____

SSN: _____ E-Mail Address: _____

Signature: _____ Date: _____