

Legal business name: _____ Employer ID Number (EIN) _____

DBA name (if different): _____ Industry _____

Business entity type (check one): LLC Corporation None of these

What does your business do? _____

Business Location Address _____ City, State, ZIP _____

Mailing Address (If different) _____ City, State, ZIP _____

1st Business owner:

Name _____ Ownership % _____ Title (e.g., President, Member, etc.) _____

E-mail _____ Cell Phone _____ DOB _____

Home address _____ City, State, ZIP _____

2nd Business owner or other important contact:

Name _____ Ownership % _____ Title (e.g., President, Member, etc.) _____

E-mail _____ Cell Phone _____ DOB _____

Home address _____ City, State, ZIP _____

For additional owners:

Name _____ Ownership % _____ Title (e.g., President, Member, etc.) _____

Name _____ Ownership % _____ Title (e.g., President, Member, etc.) _____

Name _____ Ownership % _____ Title (e.g., President, Member, etc.) _____

Name _____ Ownership % _____ Title (e.g., President, Member, etc.) _____

Primary Contact (If different):

Name _____ Phone # _____

E-mail _____ Title (e.g., President, LLC Manager, etc.) _____

What is your accounting system? QB Desktop QB Online Excel Other _____

Date of LLC/Corp formation _____ Operating Start Date _____

What states do you operate in? _____