

**BUSINESS INFORMATION**

**General Business Information**

Full legal name \_\_\_\_\_  
of business: \_\_\_\_\_  
Entity Type: (Sole P, Partnership, LLP, LLC, C Corp: \_\_\_\_\_  
Tax ID No. \_\_\_\_\_ - \_\_\_\_\_

Business Address: Street: \_\_\_\_\_  
City: \_\_\_\_\_  
State, Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Mobile Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Owner/Partner(s) Information**

<u>Owner/Partner's name &amp; Title</u>	<u>M/F</u>	<u>Birthdate</u>	<u>% Ownership</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Is there an executed partnership agreement in place? \_\_\_\_\_(Y/N) Buy/Sell agreement? \_\_\_\_\_(Y/N)  
Do you provide employee benefits (medical, retirement etc.) \_\_\_\_\_(Y/N) If yes, please list what type:

Benefit Type:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Advisors:**

CPA _____	Phone: _____	Email _____
Attorney _____	Phone: _____	Email _____
Consultant _____	Phone: _____	Email _____
Other _____	Phone: _____	Email _____

