



Incorporation Questionnaire

BUSIENSS INFORMATION

DATE CORPORATION FILED : ____/____/____ BBS BRANCH : _____

REQUESTED CORPORATE NAME: _____

TRADE NAME: _____ FORM TYPE: _____

BUSINESS ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____ EMAIL: _____

STATE INCORP: _____ COUNTY: _____ BANK NAME: _____

CASH/ACCRUAL/HYBRID: _____ BANK ACCOUNT: _____

ROUTING NUMBER: _____ PEAK NUMBER OF EMPLOYEES: _____

NEW BUSINESS TYPE: _____ BUSINESS ACTIVITY: _____

AGENT

AGENT: _____ AGENT ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EXECUTIVE TEAM

PRESIDENT: _____ VICE-PRESIDENT: _____

CHAIRMAN: _____

SECRETARY: _____ TREASURER: _____

INCORPORATOR

INCORPORATOR'S NAME: _____

INCORPORATOR'S ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SOCIAL SECURITY #: _____

SHARES / STOCKHOLDERS

SHARES ISSUED: _____ SHARES AUTHORIZED: _____ at \$1.00 per value

STOCKHOLDER 1: _____ SSN: _____ SHARES 1: _____

STOCKHOLDERS NAME	ADDRESS	SOC. SEC #	# SHARES
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

MEETING MONTH: _____ MEETING DAY: _____ MEETING TIME: _____

DIRECTORS

DIRECTOR	ADDRESS
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

OLD BUSINESS INFORMATION

OLD FEDERAL I.D. NUMBER: _____ PRIOR DATE WHEN APPLIED: _____

OLD NAME YOU WERE OPERATING UNDER: _____

OLD TRADE NAME: _____ ADDRESS: _____

NOTES: _____