



LLC Form

BUSINESS INFORMATION

DATE: _____ BRANCH: _____ DATE PARTNERSHIP FILED: _____

NAME OF PARTNERSHIP: _____

TRADE NAME: _____

STATE FORMED IN: _____ COUNTY: _____

BANK NAME: _____ CASH/ACCRUAL/HYBRID: _____

BANK ACCOUNT: _____ ROUTING NUMBER: _____

PEAK # OF EMPLOYEES: _____ NEW BUSINESS TYPE: _____

PRINCIPAL BUSINESS ACTIVITY: _____

DETAILED PRINCIPAL LINE OF BUSINESS: _____

AGENT

AGENT: _____ FORM TYPE: _____

AGENT ADDRESS: _____

AGENT CITY: _____ AGENT STATE: _____ AGENT ZIP: _____

EXECUTIVE TEAM

CHAIRPERSON: _____ PRESIDENT: _____

PRESIDENT SSN: _____ VICE-PRESIDENT: _____

TREASURER: _____ SECRETARY: _____

STOCKHOLDERS

STOCKHOLDER 1: _____

ADDRESS, CITY, STATE, ZIP: _____

SSN: _____ SHARES 1: _____

STOCKHOLDER 2: _____

ADDRESS, CITY, STATE, ZIP: _____

SSN: _____ SHARES 1: _____

STOCKHOLDER 3: _____

ADDRESS, CITY, STATE, ZIP: _____

SSN: _____ SHARES 1: _____

STOCKHOLDER 4: _____

ADDRESS, CITY, STATE, ZIP: _____

SSN: _____ SHARES 1: _____

STOCKHOLDER 5: _____

ADDRESS, CITY, STATE, ZIP: _____

SSN: _____ SHARES 1: _____

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

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

BUSINESS ADDRESS: _____

BUS PHONE: _____ EMAIL: _____ CELL: _____

DIRECTORS

DIRECTOR: _____ DIRECTOR: _____

ADDRESS: _____ ADDRESS: _____

DIRECTOR: _____ DIRECTOR: _____

ADDRESS: _____ ADDRESS: _____

INCORPORATORS

INCORPORATOR: _____ INCORP ADDRESS: _____

INCORP SSN: _____ INCORP CITY: _____

OLD BUSINESS INFORMATION

APPLIED FOR EIN BEFORE: _____ PREVIOUS EIN: _____

PRIOR LEGAL NAME: _____ TRADE NAME: _____

PRIOR DATE WHEN APPLIED: _____ CITY & STATE: NOTES: _____

PAYMENT DETAILS

CREDIT CARD #: _____ EXP DATE: _____

NAME ON CARD: _____

CARD BILLING ADDRESS: _____