Client Business Information Form

**Business Information**

|  |  |  |
| --- | --- | --- |
| Business Name: | EIN: | State Entity Number: |
| Doing Business As (if applicable): | Date of Incorporation: |
| Street Address:  | Phone: |
| City:  | Email: |
| State:  | Zip code:  | Fax: |
| Briefly Describe Business Activity:  |

**Referred by** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Owner(s)** First M.I. Last Nick Name SS# or ITIN Percent Owned

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Owner 1 |  |  |  |  |  | % |
| Owner 2 (if applicable) |  |  |  |  |  | % |

**Owner 1 Address Contact Information**

|  |  |
| --- | --- |
| Street:  | Phone: |
| City:  | Client Email: |
| State:  | Zip code:  | Fax: |

**Owner 2 Address** (if applicable)  **Contact Information**

|  |  |
| --- | --- |
| Street:  | Phone: |
| City:  | Client Email: |
| State:  | Zip code:  | Fax: |

**Officer Information:**

|  |  |  |
| --- | --- | --- |
| **Name** | **Title** | **SS# or ITIN** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Client’s Signature: ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**