

CLIENT INFORMATION FORM

INSTRUCTIONS: Answer all questions truthfully and completely. The information you enter in this questionnaire is confidential and protected by attorney-client privilege. The information will not be disclosed to anyone outside of this office, except in the course of rendering legal services on your behalf, or unless otherwise required by law.

Date: _____

CLIENT INFORMATION

Your Name: _____
Home Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Home Facsimile No: _____
Cell Phone No: _____ Pager/Beeper No: _____
E-mail Address: _____
Soc. Sec. No: _____ Date of Birth: _____
Driver's License No.: _____ State of Issuance: _____

Other names by which you have been known: _____

EMPLOYER: _____
Work Address: _____
City: _____ State: _____ Zip Code: _____
Work Phone: _____ Work Facsimile No: _____
Work E-mail Address: _____

Nature of matter / reason for seeking consultation with our office: _____

Your position/status with entity (for example, President, shareholder, member, etc.): _____

How did you hear about our office: _____

CPA or TAX ADVISOR

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Facsimile No: _____
E-mail Address: _____

CORPORATION INFORMATION

I. PRELIMINARY INFORMATION

Client's name _____

Contact person _____

Business or practice:

Type: _____

Purpose: _____

Commencement Date: _____

Jurisdiction of Formation: _____

II. NAME OF CORPORATION

Preferred Name: _____

2nd choice: _____

3rd choice: _____

Date checked for availability: _____

Application for reservation of entity name required: Yes _____ No _____

Assumed name certificate: Yes _____ No _____

If yes, assumed name to be used _____

Withdraw assumed name of unincorporated business: Yes _____ No _____

Send notice to creditors of corporation for an ongoing business: Yes _____ No _____

Publish notice in newspaper for organization of an ongoing business: Yes _____ No _____

Counties in which to file assumed name _____

File assumed name with secretary of state's office: Yes _____ No _____

III. OTHER FILING INFORMATION

Organizer's name _____

Address _____

Phone: () _____ Fax: () _____

E-mail: _____

Organizer's name: _____

Address: _____

Phone: () _____ Fax: () _____

E-mail: _____

Organizer's name: _____

Address: _____

Phone: () _____ Fax: () _____

E-mail: _____

Name and address of registered agent _____

Phone: () _____ Fax: () _____

E-mail: _____

Will corporation conduct business or practice in other jurisdictions? Yes _____ No _____

If yes, name of states and counties: _____

Names under which business or practice will be conducted: _____

Period of duration: Perpetual _____ Other _____

Corporation's purposes:

General purpose clause: _____

Specific purpose clause: _____

Date certificate of formation filed with secretary of state: _____

IV. DIRECTORS OF CORPORATION

Original Directors:

Name: _____

Address: _____

Phone: () _____ Fax: () _____

E-mail: _____

Name: _____

Address: _____

Phone: () _____ Fax: () _____

E-mail: _____

Name: _____

Address: _____

Phone: () _____ Fax: () _____

E-mail: _____

Name: _____

Address: _____

Phone: () _____ Fax: () _____

E-mail: _____

V. MANAGEMENT STRUCTURE

Term of directors: _____

Staggered terms (if applicable): _____

Qualifications for serving: _____

Compensation: _____

Quorum requirements for directors' meetings: _____

Officers: _____

VI. FORMATION

Number of authorized shares of common stock: _____

Par value: \$ _____

Will preferred stock be authorized? Yes _____ Number: _____ No _____

Directors must be shareholders? Yes _____ No _____

Restrictions on corporate purposes and powers? Yes _____ No _____

Consent of shareholders required for disposition or pledge of assets? Yes _____ No _____

Power to amend bylaws reserved solely to shareholders? Yes _____ No _____

Limited liability for directors? Yes _____ No _____

Transactions permitted with interested directors, officers, shareholders? Yes _____ No _____

Indemnification of directors and others? Yes _____ No _____

Pre-emptive rights? Yes _____ No _____

Cumulative voting? Yes _____ No _____

Shareholders permitted to act by less than unanimous written consent? Yes _____ No _____

VII. SHARE TRANSFER RESTRICTIONS

Right of first refusal? Yes _____ No _____

Right of first offer? Yes _____ No _____

Buy-sell agreement? Yes _____ No _____

Involuntary disposition / repurchase by corporation (death, divorce)? Yes _____ No _____

VIII. ORGANIZATIONAL MEETING

Date: _____ Time: _____

Place: _____

Name of the chairman of the organizational meeting: _____

Name of the secretary of the meeting: _____

Date governing documents approved: _____

Officers elected:

President: _____

Vice-President: _____

Secretary: _____

Treasurer: _____

Other: _____

Order minute book: Yes _____ No _____

Type: _____

Date ordered: _____

Cost: \$ _____

IX. OPERATION

Principal place of business: _____

Business location: Own _____ Lease _____ Assignment of lease _____

Preparation of lease: _____

Name of landlord: _____

X. FINANCIAL STRUCTURE

Funding obtained through loans: _____

Name of accountant: _____

Address: _____

Phone: () _____ Fax: () _____

E-mail: _____

Name of insurance agent: _____

Address: _____

Phone: () _____ Fax: () _____

E-mail: _____

Referred by: _____

Name of financial consultant: _____

Address: _____

Phone: () _____ Fax: () _____

E-mail: _____

Name and address where bank account will be located:

Name: _____

Address: _____

Phone: () _____ Fax: () _____

E-mail: _____

Bank officer: _____

Account No.: _____

Banking resolutions to be prepared or use bank standard form: Yes _____ No _____

Name and office of persons authorized to draw checks or make loans:

Fiscal or calendar year: _____

XI. BENEFITS PACKAGE

Health and accident plan Yes _____ No _____

Buy-sell agreements Yes _____ No _____

Employment or management agreement Yes _____ No _____

Compensation agreement Yes _____ No _____

Expense agreement Yes _____ No _____

Restrictive covenant agreement Yes _____ No _____

Retirement plan requested Yes _____ No _____

Wills, estate plan or financial planning Yes _____ No _____

XII. PRIOR LEGAL REPRESENTATION

Names of previous attorneys: _____

Addresses: _____

Phone: () _____ Fax: () _____

E-mail: _____

Matters handled by that attorney: _____

XIII. FEES

Fee: \$ _____

Special handling fee requested: \$ _____

Regular mail: _____ Other: _____

XIV. BUSINESS PLAN

XV. NOTES
