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INTAKE INFORMATION LIST

(Please Print or Type)

NAME OF CORPORATION: _____

STREET ADDRESS WHERE OFFICES ARE
OR WILL BE: _____

P. O. BOX IF APPLICABLE:

CITY: _____

CITY: _____

COUNTY: _____

COUNTY: _____

STATE: _____ ZIP: _____

STATE: _____ ZIP: _____

BUSINESS TELEPHONE: () _____

HOME TELEPHONE: () _____

NAME OF OWNER/PRESIDENT: _____

OWNER/PRESIDENT'S SOCIAL SECURITY NUMBER: _____

OWNER/PRESIDENT'S ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

NAME AND ADDRESS OF ADDITIONAL DIRECTORS OTHER THAN PRESIDENT:

OFFICERS: PRESIDENT: _____

VICE-PRESIDENT: _____

(Not Required)

SECRETARY: _____

TREASURER: _____

(Secretary and Treasurer may be combined in one person.)

