

COMPANY INFORMATION FORM

Company Name: _____

Type of Entity: _____

State of Incorporation / Organization: _____

Federal Employer Identification Number (EIN): _____

Business Address:

Street Address: _____

City: _____ State: _____

Zip Code: _____

Contact Information:

Primary Contact Name: _____

Phone Number: _____ Ext.: _____

Email Address: _____

Authorized Representative(s):

Name	Title/Position	Phone	Email

Business Operations and Compliance:

1. Description of Business Purpose:

_____ 2. Licenses and Permits Held (list all relevant Federal, State, and Local licenses, including license number and expiration date):

_____ 3. Federal

Tax Classification (check one): C Corporation S Corporation Partnership Sole Proprietorship LLC

Other: _____ 4. Has the company ever filed for bankruptcy? Yes No If yes, please provide details:

_____ 5. Is the company currently or has it ever been subject to any regulatory investigation or enforcement action? Yes No If yes, please explain:

Banking and Financial Information:

Name of Primary Banking Institution: _____

Bank Account Number: _____

Bank Contact Name and Phone: _____

The undersigned certifies that all information provided in this Company Information Form is true, complete, and accurate to the best of the undersigned's knowledge and belief. The undersigned understands that providing false or misleading information may constitute a violation of applicable laws and may result in legal consequences. The undersigned agrees to promptly notify any recipient of this form of any material changes to the information provided herein. This certification is governed by and construed in accordance with the laws of the United States of America.

AUTHORIZED SIGNATURE

PRINTED NAME

Signature: _____

Date: _____

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