



Business Information Form

Business Entity:

Business Name: _____

EIN: _____

Secretary of State Entity ID: _____

Physical Address: _____

Mailing Address (if different): _____

Email Address: _____

Phone Number: _____

Business Description: _____

Individuals Owning 25% or more: (Must also complete Individual Information Form)

Name/Title: _____ Percentage Owned: _____

Name/Title: _____ Percentage Owned: _____

Name/Title: _____ Percentage Owned: _____

Name/Title: _____ Percentage Owned: _____

Other Authorized Signers: (All signers to complete Individual Information Form)

Name/Title: _____

Name/Title: _____

Name/Title: _____

Name/Title: _____

****Please attach your Secretary of State paperwork and Articles of
Organization / Incorporation****



New Relationship Information

Individual:

Full Legal Name: _____

SSN: _____

Physical Address: _____

Mailing Address (if different): _____

Birthdate: _____

Driver's License Number: _____

Issue Date: _____

Expiration Date: _____

Phone Number: _____

Email Address: _____

Occupation: _____

Employer: _____

****Please attach a color copy of your Driver's License****