

# BUSINESS INFORMATION SHEET

APPLICANT: \_\_\_\_\_ PHONE \_\_\_\_\_ FAX # \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_ TITLE \_\_\_\_\_

EMAIL \_\_\_\_\_ PARISH \_\_\_\_\_

ADDRESS \_\_\_\_\_ FEDERAL EIN \_\_\_\_\_  
BUSINESS TYPE \_\_\_\_\_  
START DATE \_\_\_\_\_

PRODUCT / SERVICES \_\_\_\_\_  
\_\_\_\_\_

## OWNERS/ SHARE HOLDERS

NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
SS # \_\_\_\_\_

NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
SS # \_\_\_\_\_

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ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
SS # \_\_\_\_\_

NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
SS # \_\_\_\_\_

## GENERAL INFORMATION

D.B.A \_\_\_\_\_

2ND LOCATION \_\_\_\_\_

CONT PERSON \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

ACCOUNTANT \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

ATTORNEY \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

BANK \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

## NOTES:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_