



CORPORATE 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: _____ Cell Phone No: _____

E-mail Address: _____

Soc. Sec. No: _____ Date of Birth: _____

Driver's License No.: _____ State of Issuance: _____

Other names you have been known by: _____

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: _____

OTHER BUSINESS PARTICIPANTS

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Facsimile No: _____
E-mail Address: _____
Relation of this person to you: _____

Is this person represented by an ATTORNEY in this matter? Yes No

If YES, please answer the questions below:

Name of Attorney/Firm: _____
City where office located: _____ Phone: _____
Indicate if this attorney has:

Ever provided advice or other services to you? Yes No
Talked with you in person or by telephone? Yes No
Sent a letter or other written communication to you? Yes No

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Facsimile No: _____
E-mail Address: _____
Relation of this person to you: _____

Is this person represented by an ATTORNEY in this matter? Yes No

If YES, please answer the questions below:

Name of Attorney/Firm: _____
City where office located: _____ Phone: _____
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Talked with you in person or by telephone? Yes No
Sent a letter or other written communication to you? Yes No

CLIENT SIGNATURE	DATE	CLIENT SIGNATURE	DATE
BY: _____	_____	BY: _____	_____
ITS: _____	_____	ITS: _____	_____