

CLIENT INFORMATION SHEET – BUSINESS

Please fill out as completely as possible. Thank you!

Office Use Only

Name of Corporation: _____

Principal Contact for Corporation:

Name: _____ Preferred name: _____
First Name Middle Last Name

Address: _____

Business Address: _____

Birth Date: _____ Birth city/state: _____ Social Security #: _____

Driver's License #: _____ Home ph: _____ Work ph: _____ Fax: _____

Cell: _____ Email: _____ Education: _____

Directors of Corporation:

1. Name: _____ Corporate title: _____

Address: _____

Social Security No.: _____ Home ph: _____ Work ph: _____

Fax: _____ Email address: _____

2. Name: _____ Corporate title: _____

Address: _____

Social Security No.: _____ Home ph: _____ Work ph: _____

Fax: _____ Email address: _____

3. Name: _____ Corporate title: _____

Address: _____

Social Security No.: _____ Home ph: _____ Work ph: _____

Fax: _____ Email address: _____

Registered agent:

Name: _____ Corporate title: _____

Address: _____

Social Security No.: _____ Home ph: _____ Work ph: _____

Fax: _____ Email address: _____

Names of any other Shareholders in addition to Directors named above:

1. Name: _____ Social Security No.: _____

2. Name: _____ Social Security No.: _____

How will Shareholders divide shares? _____

Purpose of Corporation: _____

Do you wish to use a corporate seal? Yes No

Type of Corporation: Chapter S Other type: _____

Is this a new business? Yes No If not, date business was founded: _____

Have you ever applied for an EIN (Employer's ID Number) before? Yes No

If YES, please fill out the information below:

Business Name: _____ Date of Previous Application for EIN: _____

City and state where Previous EIN filed: _____ Previous EIN: _____

Other information about your business: _____

Confidential messages may be left for me via (check **ALL** that apply):

Cell Phone Voicemail Home Phone Voicemail Work Phone Voicemail Email Fax Other: _____

How did you hear of our office? Allen Image Allen Online Facebook Other: _____

Topics to discuss at your appointment:

Fee Agreement for Initial Consultation

Charges for an initial office consultation must be paid at the time of the appointment unless other arrangements have been made with the attorney prior to the appointment. Consultation charges are as follows:

Up to one-half hour: \$150.00

Over one-half hour: \$75.00 per ¼ hour increments

No services will be performed beyond the initial consultation without a written engagement contract.

Your questions about professional fees are invited. The attorney-client relationship is better served by open discussion of fees. This information has been provided to you so that you will have a pre-interview opportunity to consider financial arrangements.

The State Bar of Texas investigates and prosecutes professional misconduct committed by Texas attorneys. Although not every complaint against or dispute with a lawyer involves professional misconduct, the State Bar's Office of General Counsel will provide you with information about how to file a complaint if you feel one is warranted. You may call 1-800-932-1900 for more information.

I have read and understand the above, and agree to pay the above consultation fee.

Your signature

Date