

COMPANY QUESTIONNAIRE

Initial Meeting _____ Signing _____

Name of Company: _____

Purpose of Company: _____

Company Address: _____

Members

1. Name _____ SS# _____

Address _____

Phone _____ Email _____

Ownership percentage: _____ Manager: Y or N

2. Name _____ SS# _____

Address _____

Phone _____ Email _____

Ownership percentage: _____ Manager: Y or N

3. Name _____ SS# _____

Address _____

Phone _____ Email _____

Ownership percentage: _____ Manager: Y or N

4. Name _____ SS# _____

Address _____

Phone _____ Email _____

Ownership percentage: _____ Manager: Y or N

Professional Team

CPA

Name _____

Address _____

Phone _____ Email _____

Lender

Name _____

Address _____

Phone _____ Email _____

Bank

Name _____

Address _____

Phone _____ Email _____

Insurance Advisors

Name _____

Address _____

Phone _____ Email _____

Company Assets

Notes
