BUSINESS REGISTRATION

The following information is necessary for our records and will be held in strict confidence. Please answer all questions.

1. Name: _____
2. Trade Name: _____
3. Principal BUSINESS Address: _____

   City: _____ State: _____ Zip Code: _____
4. RESIDENCE Address: _____
5. Branch Office Address: _____
6. Mailing address where all forms are to be sent, if different from above: _____

   _____
7. Federal ID Number (FEIN): _____
8. Type of organization (check as to type and supply information):

   ☐ Individual ☐ Resident
   ☐ Association ☐ Non-Resident
   ☐ Corporation ☐ Fiduciary
   ☐ Partnership

   If partnership, list names and address of partners, showing residence.
9. Nature of Business: _____
10. Date operations started: _____
    Name of previous owner: _____
    Present address of previous owner: _____
    Former trade name, if any: _____
11. Do you have employees? ☐ YES ☐ NO How many? _____
12. If payrolls are on other than weekly, semi-monthly or monthly basis, state during which month or months of the year payments are made: _____
13. Accounting period: _____ Calendar year _____ Fiscal Year _____ Ending
14. Where are all books and records kept and by whom? _____

I hereby certify that all information and statements herein are true and correct.

_____ _____

Signature and title Date

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