

Incorporation Interview Form

To complete, please fill in the appropriate information and then submit electronically by clicking on the Submit button. If you prefer, you can print and submit the paper copy.

Submit

Primary Contact

Name: _____

Local Address: _____

Land Line Phone: _____

Cell Phone: _____

Business Phone: _____

Fax: _____

Email: _____

Secondary Email: _____

Social Security Number or Tax Payer ID Number: _____

Date of Birth: _____

Citizenship: _____

Permanent Address: _____

Visa status: _____

Name requested for corporation: _____

Acceptable alternative names: _____

Has the team performed a trademark search for the proposed business name? Yes No

Has the team checked on domain name availability? Yes No

If so, has the team reserved the name? Yes No

Corporate address and phone:

Physical Address

Street: _____

City & State: _____

County: _____

Phone: _____

Mailing Address (if different)

Street (or P.O. Box): _____

City & State: _____

Phone: _____

Initial Shareholder Information:

Legal Name and any informally adopted American name	% of Shares	Address	Email	Phone	Citizenship	Visa Status	Social Security or Tax Payer ID Number

Has Primary Contact or, to the best of Primary Contact's knowledge, have any of the proposed shareholders been convicted of a felony, a crime involving dishonesty or deceit, or any securities law violation? Yes No

Initial Board of Directors information – MUST be US citizen or otherwise legally able to work for this company in the US

Name	Address	Email	Phone

Initial Officer information - MUST be US citizen or otherwise legally able to work for this company in the US

Office	Name	Address	Email	Phone	Social Security or Tax Payer ID Number
President					
Vice President					
Secretary					
Treasurer					

Please provide a one paragraph or longer summary of company's proposed business:

Any additional comments and/or information: