

New Partnership Entity Information

NAME OF ENTITY

TRADE NAME (DOING BUSINESS AS), IF ANY

PRIMARY CONTACT INFORMATION

PRIMARY CONTACT

PHONE

CELL

EMAIL

MAILING ADDRESS

CITY

STATE

ZIP

BUSINESS INFORMATION

PHONE

FAX

EMAIL (if different from above)

BUSINESS MAILING ADDRESS

CITY

STATE

ZIP

BUSINESS WORKSITE ADDRESS

CITY

STATE

ZIP

IN CITY LIMITS? YES NO

COUNTY

PRIMARY ACTIVITY

PRIMARY SERVICE OR PRODUCT SOLD

PARTNERS

PARTNER

TITLE

% OWNERSHIP

REGISTERED AGENT

NAME

SSN

PHONE

ADDRESS

CITY

STATE

ZIP

PARTNER

TITLE

% OWNERSHIP

REGISTERED AGENT

NAME

SSN

PHONE

ADDRESS

CITY

STATE

ZIP

PARTNER

TITLE

% OWNERSHIP

REGISTERED

NAME

SSN

PHONE

ADDRESS

CITY

STATE

ZIP