

Date:	
Interviewing Attorney: _	
Referring Attorney:	
Type of Matter:	
Contract Rate(s):	

## **Business Client Intake Sheet**

## **Client Information** Name of Business: Phone: \_\_\_\_\_\_ Fax: \_\_\_\_\_ Web: \_\_\_\_\_ Form of Business: $\square$ LLC $\square$ C Corporation $\square$ S Corporation $\square$ Non-profit $\square$ Limited Partnership $\square$ LLP ☐ Sole Proprietorship ☐ Other: \_\_\_\_\_\_ **Primary Contact Information** Phone: \_\_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_ Title: Ownership %: Ownership Class: **Ownership Information** Owner 1 Last Name: First Name: MI: DOB: Phone: \_\_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_ Title: \_\_\_\_\_ Ownership %: \_\_\_\_\_ Ownership Class: \_\_\_\_\_ Owner 2 Last Name: \_\_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_ DOB: \_\_\_\_ Address: \_\_\_\_\_ St: \_\_\_\_ St: \_\_\_\_ Zip: \_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_ Email: \_\_\_\_ Ownership %: \_\_\_\_\_ Ownership Class: \_\_\_\_\_ Title: Owner 3 Last Name: First Name: MI: DOB: Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_ Ownership %: Ownership Class:

Attach additional sheets if necessary.