

LAW OFFICES OF  
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CONFIDENTIAL

# BUSINESS REPRESENTATION CLIENT QUESTIONNAIRE

*This **Business Representation Client Questionnaire** is an important step in the process of identifying the legal needs of your ongoing business. Please print clearly and take care to answer all of the questions fully. Use the space provided, and if additional space is needed, use the Supplemental Information section at the end of this Questionnaire for any comments or additional information you would like to provide.*

*If you are unsure of an answer, please provide us with as much information as you can. We will rely on much of the information provided to us in the Questionnaire in advising you on your business matters.*

*We look forward to meeting with you! Please return the completed Questionnaire in advance of the meeting date.*

# BUSINESS REPRESENTATION CLIENT QUESTIONNAIRE

(If more than one key person, please duplicate page to provide additional contact information.)

## CONTACT INFORMATION FOR KEY PERSON

Full Name \_\_\_\_\_  
Title/Position at Business \_\_\_\_\_  
Nickname \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Social Security Number \_\_\_\_\_  
Home Phone Number \_\_\_\_\_  
Office Phone Number \_\_\_\_\_  
Fax Number \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
E-mail Address \_\_\_\_\_  
Second E-mail Address \_\_\_\_\_

**BUSINESS ADDRESS:** *Street Address* \_\_\_\_\_  
*City* \_\_\_\_\_ *County* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip* \_\_\_\_\_

**HOME ADDRESS:** *Street Address* \_\_\_\_\_  
*City* \_\_\_\_\_ *County* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip* \_\_\_\_\_

## GENERAL

1. Name of business entity: \_\_\_\_\_
2. Type of entity (S Corporation, Corporation, LLC, LLLP, LLP, etc.):  
\_\_\_\_\_
3. Date formed: \_\_\_\_\_
4. State of Formation : \_\_\_\_\_
5. Type of Business: \_\_\_\_\_
6. Does the entity conduct business in another state? \_\_\_\_\_  
If so, has the entity been qualified in that state? \_\_\_\_\_
7. Employer Identification Number? \_\_\_\_\_

## IDENTIFICATION OF KEY PARTIES

1. Please list the names and ownership percentages of the Shareholders, Members or Partners:

Owner / Shareholder	No. of Shares, Units or % of Ownership	Date of Issue
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. If your business entity is a corporation, please list the names of the current Directors:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

3. If your business entity is an LLC, please list the names of the current Managers:

_____	_____
_____	_____

4. Please list the names of the current officers (if applicable):

<u>Name</u>	<u>Title</u>
_____	President / CEO
_____	Vice President (if any)
_____	Secretary
_____	Treasurer
_____	Other (specify: _____)

5. If your business entity is an LLP or LLLP, please list the names of the Partner(s):

_____	_____
_____	_____
_____	_____

## IMPORTANT DOCUMENTS

1. Where is the official minute book or record book currently located? Please have it forwarded to our office or provide a complete copy to us for our review.

\_\_\_\_\_

2. Have the corporate records been kept current? \_\_\_\_\_

3. Is there an agreement among the owners pertaining to the ownership (such as a Buy-Sell Agreement, Shareholders' Agreement, Partnership Agreement, or Operating Agreement)? \_\_\_\_\_

If so, please provide a copy.

4. If the entity has an Agreement among the owners that requires a periodic valuation of the business for purposes of a buy-sell arrangement, please state its current estimated value, and the effective date of the last valuation; if a formula valuation is stipulated, please describe.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## IMMEDIATE INTERESTS OR CONCERNS

1. Please indicate the primary purpose for contacting our firm in detail (pressing issues and/or requested services):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Please list any documents executed by the business entity that are relevant to the issues and/or services identified above. Please provide us with copies of these documents.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

