

BUSINESS ENTITY CLIENT INFORMATION FORM

Purpose

The purpose of this form is to gather information about the "Client Organization" and the transaction(s) which will be the subject of legal representation or expert witness services. As our investigation may involve a number of different parties to a real estate matter {such as: buyers, sellers, lenders, brokers, other lawyers, governmental entities, businesses and associations etc.}, we ask for a broad range of general information. We ask for detailed information in order that we will not need to continually contact the client for confirming information during the course of our investigation. No single form will cover all possible situations. If some of the questions do not apply, please leave the question unanswered or insert "DNA." Please feel free to make any notes on this form to communicate any information you believe to be relevant. Your understanding, patience and cooperation is truly appreciated.

Confidentiality

This form will be treated by the law firm as a confidential client record. Please call me at 214-762-1759 if you have any questions or concerns about this form. Alternatively, you may direct questions to the following address:

Steven G. Lawrence, P.C.
Attorneys & Counselors at Law

E-mail Steve.Lawrence@airmail.net

Voice: 214-762-1759

Fax: 214-447-9473

Mailing Address:

103 N. Alder Drive
Allen, Texas 75002

Street Address:

103 N. Alder Drive
Allen, Texas 75002

Name of Client Organization:

Federal Tax ID #

Legal Status of Client: (check one)

- General Partnership
 Limited Partnership
 Corporation
 Limited Liability Company
 Other _____

NOTE: If you are an individual or married couple seeking representation, please ask for a different Client Information Form.

Under the laws of what state was the Client Organization first formed? _____

Please indicate the correct response for the Client Organization.		Yes	No
1	Still operate under the laws of the same state in which it was first organized?		
2	Any type of parent/sister/subsidiary/affiliate relationship with other organizations or persons?		
3	Any stock or other securities registered with The Securities & Exchange Commission?		
4	Any stock or other securities registered with any state securities regulatory body?		
5	Have current fiscal or calendar year independently audited financial statements?		
6	Operate under any assumed names?		

Client Organization Senior Management Group

Please include the names and titles of the most senior level "executive officers" or "managing partners" or "managing members".

	Name First, Middle & Last Name	Title

Information About Primary Contact Person

The Client Organization is requested to designate a Primary Contact Person who will serve as the primary communication liaison between the Client Organization and the Law Firm. Below, please provide us information about yourself as the "Primary Contact Person."

Primary Contact Person Information	Full Legal Name:	
	Last	First
	Name You Commonly Use	
	Last	First
	Social Security #: <small>(Last four digits only)</small>	US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Driver's License #: <small>(Last four digits only)</small>	State which issued driver's license:
	Date of Birth: _____ / _____ / _____ Month Day Year	
	Place of Birth:	
	City	County
	State	
	Business Address	
	May we contact you regarding this matter at the business information listed below? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Your Position or Title: _____	
Business Name: _____		
Business Address: _____		
Business City: _____ Business State: _____ Business Zip: _____		
Business Phone: _____ Ext.: _____ Business Fax: _____		
Business Toll Free # _____ Ext.: _____ Business E-Mail: _____		

Primary Contact	Home Address Information
	May we communicate with you regarding this matter at any of the home contacts listed below? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Home Street Address: _____
	Home City: _____ Home State: _____ Home Zip: _____
	Home Phone: _____ Home Fax: _____
	Home E-Mail: _____ Mobile #: _____
Pager #: _____	

Information About Real Estate Which Will Be The Subject of Legal Services

Property Address (including zip code and unit #): _____

Property Type (check one): Single Family Residence Apartment
 Condominium Unit Other _____

Legal Description: Lot: _____ Block: _____ New City Block (if applicable): _____ Unit No.: _____
 Subdivision Name: _____
 City: _____ County: _____ State: _____

Check Here if the real estate is described by metes and bounds (sometimes called "field notes" or "survey description") and please include a copy of the metes and bounds if it is reasonably available to you.

Information About Lender for Subject Real Estate

Primary Contact	Name of Lender:			
	Lender's Address:			
	Street		City	
	State		Zip	
	Loan Amount: \$	Date of Loan	Loan Number	
	Name of Lender's Contact Person:			
	Last		First	Middle
	Lender Telephone #:		Extension:	
	Lender E-Mail Address:			

