



In order to provide proper counsel, we ask that you take a few moments to complete our Business Planning Organizer. All information disclosed on this Organizer will be held in the strictest confidence and will not be disclosed to any third party without your consent.

Personal Information

Full Legal Name _____
Address _____
City _____ State _____ Zip _____
Home Phone _____ Cell Phone _____
Birth date _____ Email Address _____
U.S. Citizen? Yes No Social Security No. _____
Percentage Ownership in Business _____% Position _____

Business Information

Business Name _____ Position _____
Address _____
City _____ State _____ Zip _____
Business Phone _____ Business Fax _____
Annual Revenues _____

Advisors

Accountant _____ Phone _____
Financial Advisor _____ Phone _____
Life Insurance Agent _____ Phone _____

Referred to Our Firm By _____

Would you like to receive our email newsletter? Yes No

Additional Information

General Document Request. In some instances, it is necessary for us to review other documents before we can make planning recommendations. If possible, please bring with you to our initial meeting the following documentation:

- For a new business, a copy of your business plan.
- Copies of existing business planning documents, including any corporate minute books.
- Copy of any buy-sell agreement.
- Copies of the balance sheet and profit and loss statement for your business.

Other Ownership Information. If there are multiple owners of your business, please provide their contact information below. Please attach additional sheets, if necessary.

Full Legal Name _____
Address _____
City _____ State _____ Zip _____
Home Phone _____ Cell Phone _____
Birth date _____ Email Address _____
U.S. Citizen? Yes No Social Security No. _____
Percentage Ownership in Business _____% Position _____

Full Legal Name _____
Address _____
City _____ State _____ Zip _____
Home Phone _____ Cell Phone _____
Birth date _____ Email Address _____
U.S. Citizen? Yes No Social Security No. _____
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