

**BUSINESS INFORMATION FORM**

**PLEASE PRINT ALL INFORMATION LEGIBLY**

Legal Business/Company Name:

\_\_\_\_\_

Doing Business As: \_\_\_\_\_

Billing Address (if different from Physical Business Location listed):

\_\_\_\_\_ Street

\_\_\_\_\_ City State Zip Code

Telephone Number (if different from Physical Business Location listed): ( \_\_\_\_\_ ) \_\_\_\_\_

**If a Corporation:**

Texas Sales Tax Number: \_\_\_\_\_ State of Corporation  
If outside of Texas: \_\_\_\_\_

President: \_\_\_\_\_

Vice President: \_\_\_\_\_

Secretary/Treasurer: \_\_\_\_\_

Registered Agent: \_\_\_\_\_

**If a Partnership:**

Type of Partnership: \_\_\_\_\_ Name of State  
If formed outside of Texas: \_\_\_\_\_

**List Names of ALL Partners. Use additional sheets if necessary:**

Name of Partner \_\_\_\_\_ Title: \_\_\_\_\_

Name of Partner \_\_\_\_\_ Title: \_\_\_\_\_

Name of Partner \_\_\_\_\_ Title: \_\_\_\_\_