

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: _____