

MULLINS LAW FIRM, P.A.

GENERAL INITIAL INTERVIEW FORM

DATE OF CONSULTATION: _____

A consultation fee of \$200.00 is due at the time services are rendered. Invoices are not issued for consultations.
Please answer each and every question so that we may better serve you. If a question does not apply to you, please indicate by inserting a "N/A". Thank you.

Name: _____

Address: _____

City, State and Postal Code: _____

Home Phone: () _____ Work Phone: () _____

Cell Phone: () _____ Email Address: _____

Driver's License Number and State: _____

Employer: _____

Employer's Address: _____

Occupation: _____ Social Security Number: _____ - _____ - _____

Date of Birth: _____ Spouse's Date of Birth: _____

Spouse's Name: _____

Spouse's Employer: _____

Spouse's Employer's Address: _____

Spouse's Occupation: _____ Work Phone: () _____

Nature of Problem: _____

Have you met with other attorneys regarding this matter? If so, how many? _____

How were you referred to us? _____ Friend _____ Phone Book _____ Newspaper _____ Television _____ Internet
_____ Other: _____

Fee Quoted, if any: _____

MULLINS LAW FIRM, P.A.

BUSINESS ENTITY INTAKE FORM

Please answer each and every question so that we may better serve you. If a question does not apply to you, please indicate by inserting a "N/A". Thank you.

Name: _____

Type of Entity you wish to set up: S Corp. _____ C Corp. _____ LLC _____ Limited Partnership _____

General Partnership _____ Other _____

Name of Proposed Business Entity: _____

Main Purpose of Business: _____

Organizers or Incorporators: Please list all organizers or incorporators.

Name: _____ Social Security Number: _____ - _____ - _____

Address: _____

Phone Number: () _____ Email Address: _____

Title: _____

Name: _____ Social Security Number: _____ - _____ - _____

Address: _____

Phone Number: () _____ Email Address: _____

Title: _____

Name: _____ Social Security Number: _____ - _____ - _____

Address: _____

Phone Number: () _____ Email Address: _____

Title: _____

Registered Agent's Name: _____

Registered Agent's Address: _____

Registered Agent's Social Security Number: _____ - _____ - _____ Phone: () _____

Is Registered Agent a citizen and resident of South Carolina? Yes ____ No ____ How Long? _____

Principal Address of Business: _____

Duration of Business: _____

Name and Address of Bank will be using: _____

Date business was commenced in this state: _____

Estimated number of employees of business for next 12 months: _____

Initial date that wages will be paid by business: _____

Number of shares of stock business will be authorized to issue: _____

Class of stock: _____ Par value: _____

Have you applied for a Federal EIN or tax identification Number? Yes ____ No ____

If so, the EIN or tax identification number is: _____

Have you filed for a Federal EIN/tax identification number for any other business entity? Yes ____ No ____

If so, the name of the business entity: _____

The EIN or tax identification number is: _____

City and State where other entity was formed: _____

Date other entity was formed: _____

Do you wish to apply for tax exempt or 501(c)(3) status(Non-profit only)? Yes ____ No ____

Do you own any trademarks or patents? Yes ____ No ____

Do you wish to obtain a corporate book? Yes ____ No ____