



ESTATE • PROBATE • BUSINESS  
GUARDIANSHIP • MEDICAID

## CORPORATE INTAKE

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### PERSONAL AND BUSINESS INFORMATION

DATE: \_\_\_\_\_

1. Your Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Name you will sign with: \_\_\_\_\_

Occupation: \_\_\_\_\_ Firm: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Fax: \_\_\_\_\_ Personal Email: \_\_\_\_\_

2. Business Partner's Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Name you will sign with: \_\_\_\_\_

Occupation: \_\_\_\_\_ Firm: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Fax: \_\_\_\_\_ Personal Email: \_\_\_\_\_

**CORPORATE INTAKE APPLICATION**

Aust Law Firm

Lynn B. Aust  
Attorney and Counselor at Law

3. Do you have any type of business agreement (buy sell, cross purchase, employment contract, etc.)

Date: \_\_\_\_\_

4. Does your business partner have any type of business agreement?

Date \_\_\_\_\_

5. Does either business partner own an interest in another business? If yes, please explain.

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6. Are you a United States citizen?

If not, what is your country of citizenship? \_\_\_\_\_

If not, are you a U.S. resident alien?

7. Is your business partner a United States citizen?

If not, what is business partner's country of citizenship? \_\_\_\_\_

If not, is business partner a resident alien?

8. Has either party declared bankruptcy?

If yes, please explain: \_\_\_\_\_

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**CORPORATION INFORMATION**

1. What name will you incorporate under? Choose 3 possible names:

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2. Corporation physical address (principal place of business) and phone number:

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3. Corporation mailing address, if different: \_\_\_\_\_

4. Corporate email address(s): \_\_\_\_\_

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5. Start date of Corporation: \_\_\_\_\_

6. First date wages will be paid or have been paid: \_\_\_\_\_

7. What is the product/service this Corporation will provide (Corporate purpose):

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8. Have you or an officer of this Corporation signed any contracts obligating the Corporation?

If so, with whom, for what service, and start/end date of contract(s):

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9. Name and street address of designated **Registered Agent** (Registered Office open 10AM-2PM weekdays) for the Corporation to receive/accept service of process:

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10. Name and street address of Incorporator(s)

**\*\*Person(s) setting up this Corporation:**

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11. Name(s) and address of Corporate Officers and Titles **\*\*Florida allows Pres., Treas., & Secretary to be the same person:**

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12. Name(s) of Corporate Officer with authority to sign contracts obligating the Corporation

\*\*Please note if requires more than one person to contract :

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13. Name(s) of Corporate Officer with authority to sign checks for the Corporation \*\*Please note if requires more than one person

to sign:

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14. Name of bank: \_\_\_\_\_

15. Name(s) and address of Board of Directors \*\*Florida requires minimum of one:

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16. Initial Shareholder/Stockholder name(s), address, and social security number \*\*If electing S-Corp...limit of 70 with

Husband-Wife jointly held stock considered as one and all Shareholders must be US citizens or qualified trusts:

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17. Percentage of contribution of each shareholder, member or partner:

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18. The total number of shares this corporation is authorized to have outstanding at any one time? \*\*Typically 100 shares:

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19. Type of shares? \*\*If electing S-Corp status, stock must be limited to one class:

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20. Do you require any special agreements, leases or contracts for this office to draft or review?

If so, please explain:

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**PLEASE BRING TO OUR INITIAL MEETING**

- 1. This Completed Questionnaire
- 2. Your Driver's License or Florida ID
- 3. Copies of Contracts and Leases for review

Aust Law Firm  
1220 East Livingston St.  
Orlando, FL 32803