

# CULPEPPER & ASSOCIATES

## CORPORATION REQUEST / INFORMATION SHEET

*Please fill out the following information sheet so that we may form your new Corporation.*

Corporation Name: \_\_\_\_\_

2<sup>nd</sup> choice Name: \_\_\_\_\_

Corporation Address: \_\_\_\_\_

\_\_\_\_\_

Director: \_\_\_\_\_

SS#: \_\_\_\_\_ DOB: \_\_\_\_\_ Male/Female  
(circle one)

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

Email address: \_\_\_\_\_

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

SS#: \_\_\_\_\_ DOB: \_\_\_\_\_ Male/Female  
(circle one)

Driver's License # \_\_\_\_\_ State: \_\_\_\_\_

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

Email address: \_\_\_\_\_

Secretary: \_\_\_\_\_

SS#: \_\_\_\_\_ DOB: \_\_\_\_\_ Male/Female  
(circle one)

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

Email address: \_\_\_\_\_

11445 E. Via Linda, Suite 2-467, Scottsdale, AZ 85259  
(480) 478-2973 phone (480) 452-0753 facsimile

[www.culpepper-associates.com](http://www.culpepper-associates.com)

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# CULPEPPER & ASSOCIATES

Treasurer: \_\_\_\_\_

SS#: \_\_\_\_\_ DOB: \_\_\_\_\_ Male/Female  
(circle one)

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

Email address: \_\_\_\_\_

*Please note that all of the four above officers may be one individual.*

*Upon receipt of this fax, please fill out and return via fax or email. Also please phone us to schedule your next appointment. Feel free to phone us with any questions you may have. Thank you.*