

NEW CLIENT INFORMATION

GENERAL INFORMATION

Company Name: _____ FEIN: _____

DBA: _____

State of Formation: _____ Date of Formation: _____ NAICS Code: _____

Fiscal Year End: _____ Is this a publicly traded company? _____ CIK Number: _____

Is the company only intended to exist for a specified number of years? _____ If yes, what is the end date? _____

Type of Entity:

C Corp LLC Member Managed: or Manager Managed:

S Corp What entity type does this LLC use to file their federal taxes? _____

General Partnership

Other If Other, please explain: _____

Current Principal Office Address: _____ Current Mailing Address (if different): _____

In what County is the Principal Office located? _____

Telephone Number: _____ Toll Free Number: _____

Primary Company Email Address: _____ Fax Number: _____

Company website: _____

STOCK INFORMATION

Authorized/Issued Shares:

CLASS	SERIES	PAR VALUE	NO. AUTHORIZED	NO. ISSUED

Shareholders:	Number of Shares:	Percentage:	Class:
Name: _____	_____	_____	_____
Name: _____	_____	_____	_____
Name: _____	_____	_____	_____
Name: _____	_____	_____	_____

PLEASE NOTE: Foreign ownership must be revealed if said ownership is over 15% of the company or if foreign owners own any foreign telecommunications services companies.

PUC CONTACT INFORMATION

Primary Contact Person: _____ Title: _____

Phone Number: _____ Email address: _____

Regulatory Contact Person: _____ Title: _____

Phone Number: _____ Email address: _____

Customer Service Manager: _____ Title: _____

Phone Number: _____ Email address: _____

Customer Complaint Contact: _____ Title: _____

Phone Number: _____ Email address: _____

Emergency Contact Person: _____ Title: _____

Phone Number: _____ Email address: _____

Secondary Emergency Contact: _____ Title: _____

Phone Number: _____ Email address: _____

INFORMATION REQUIRED TO OBTAIN STATE BUSINESS LICENSES AND TAX AUTHORITIES

SIGNER INFORMATION:

Name: _____ Title: _____

Date of Birth: _____ Social Security Number: _____

Drivers License State: _____ Drivers License Number: _____

Residential Address: _____ Home Phone: _____

MULTI-MEMBER LLCs are required to provide information on at least two Members

Name: _____ Title: _____

Date of Birth: _____ Social Security Number: _____

Drivers License State: _____ Drivers License Number: _____

Residential Address: _____ Home Phone: _____

COMPANY BANKING INFORMATION:

Bank Name: _____ Account Number: _____

Bank Address: _____ Routing Number: _____

OFFICER INFORMATION

What is the name and title of the person who will be signing most documents for the company?

Name: _____ Title: _____

PLEASE NOTE: You must note if any principals have any felony convictions or bankruptcy filings, personal or corporate.

Corporate Officers:

Name: _____ Title: _____

Email: _____ Phone: _____

Name: _____ Title: _____

Email: _____ Phone: _____

Name: _____ Title: _____

Email: _____ Phone: _____

Name: _____ Title: _____

Email: _____ Phone: _____

Name: _____ Title: _____

Email: _____ Phone: _____

Directors:

Name: _____ Name: _____

Name: _____ Name: _____

Name: _____ Name: _____

LLC Members:

LLC Managers:

Name: _____ Name: _____

Name: _____ Name: _____

Name: _____ Name: _____

Name: _____ Name: _____

Name: _____ Name: _____

ADDITIONAL INFORMATION

Give a brief description of your Company's proposed services: _____

Underlying carriers: _____

Description of Target Market: _____

List states within which your company intends to operate: _____

In which states do you plan to utilize your own transmission facilities: _____

List of Affiliates Providing Telecommunications Services: _____

Status of Pending Applications or Approvals in Other States: _____

Does the company ever require deposits or advance payments from customers? _____