

BUSINESS CLIENT QUESTIONNAIRE

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Please fill out and return this form with as much information as you have readily available. You may supplement it later.

Date	
Referred By	

CLIENT	
Business Name	
Business Address	
Business Type	<input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Sole Proprietor
Contact Name	
Title	
Email - Personal	
Email - Work	
Phone - Cell	
Phone - Home	
Phone - Work	
Phone - Fax	
Address - Home	
Address - Work	

CONTINUATION OF BUSINESS CLIENT QUESTIONNAIRE

LEGAL MATTER	
Matter Type	<input type="checkbox"/> Formation of Business <input type="checkbox"/> Employment Agreement <input type="checkbox"/> Confidentiality Agreement <input type="checkbox"/> Nondisclosure Agreement <input type="checkbox"/> Noncompete Agreement <input type="checkbox"/> Independent Contractor Agreement <input type="checkbox"/> Agency Agreement <input type="checkbox"/> Distribution Agreement <input type="checkbox"/> Brokerage Agreement <input type="checkbox"/> License Agreement <input type="checkbox"/> Construction Contract <input type="checkbox"/> Sale of Business Agreement <input type="checkbox"/> Sale of Goods or Services Agreement <input type="checkbox"/> Customer Agreement <input type="checkbox"/> Buy-Sell Agreement <input type="checkbox"/> Indemnification Agreement <input type="checkbox"/> Settlement Agreement <input type="checkbox"/> Dispute <input type="checkbox"/> Other: _____
Client is the	<input type="checkbox"/> Employer <input type="checkbox"/> Employee <input type="checkbox"/> Contractor <input type="checkbox"/> Owner <input type="checkbox"/> Principal <input type="checkbox"/> Agent <input type="checkbox"/> Seller <input type="checkbox"/> Buyer <input type="checkbox"/> Other: _____
Other Information	

CONTINUATION OF BUSINESS CLIENT QUESTIONNAIRE

OTHER PARTY #1	
Name	
Address	
Attorney (if any)	
Other Information	

OTHER PARTY #2	
Name	
Address	
Attorney (if any)	
Other Information	

OTHER PARTY #3	
Name	
Address	
Attorney (if any)	
Other Information	

CONTINUATION OF BUSINESS CLIENT QUESTIONNAIRE

INFORMATION NEEDED TO FORM BUSINESS	If the matter is formation of a business, please provide this information.
Specific Purpose	
Owners (Members, Shareholders, Partners)	
Managers or Directors	
Officers or Key Employees	
Registered Agent	
Accountants, Insurance Agents, and Other Advisors	
Other	

EXISTING DOCUMENTS ATTACHED	
Draft or Signed Contracts, Articles, Etc.	
Other	