

BUSINESS QUESTIONNAIRE

Law Office of
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| | |
|-------------|--|
| Date | |
| Referred By | |

| | |
|--|--|
| CLIENT | |
| Client Name (as it appears on your driver license) | |
| Client Address | |
| Business Type | <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor |
| Contact Name | |
| Title | |
| Email - Personal | |
| Email - Work | |
| Phone - Cell | |
| Phone - Home | |
| Phone - Work | |
| Phone - Fax | |
| Address - Home | |
| Address - Work | |

| | |
|---------------------|--|
| 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"/> Entity (the corporation, LLC, or partnership) <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 | |

| | |
|---------------------------|--|
| 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 | |

| | |
|---|--|
| INFORMATION NEEDED TO FORM BUSINESS | |
| Name of Business | |
| Alternate Name of Business | |
| Fictitious Name | |
| Principal Address | |
| Specific Purpose | |
| Owners (Members, Shareholders, Partners) and Number of Shares or Percentage Ownership | |
| Managers or Directors | |
| Officers and Key Employees | |
| Registered Agent Name and Address | |
| Incorporator Name and Address | |
| Bank | |
| Accountants, Insurance Agents, and Other Advisors | |
| Other | |

| | |
|--|--|
| EXISTING DOCUMENTS ATTACHED | |
| Draft or Signed Contracts, Articles, Tax Returns, Etc. | |
| Other | |

2026.02.18