

Account # _____

BUSINESS INFORMATION SHEET

1. Firm Name: _____

2. Business Address: _____

(City)

(State)

(Zip Code)

3. Business Telephone # () _____ Fax () _____

Email Address: _____ Contact: _____

4. Federal Identification Number: _____

5. The form of your business is:

___ Corporation

___ Limited Liability Company

___ Partnership

___ Sole Proprietorship

6. List the **NAMES AND TITLES** of ALL OFFICERS, PRINCIPLES, OWNERS AND/OR PARTNERS of your business, or **any person that has total or partial direction of your business.**

7. Home Local Union: _____

Signature & Title

Date