

Thank you for choosing Storen Financial for your business. Please complete the form below and note that we may need additional information from you (if applicable) such as: legal documentation of entity including bylaws and articles, IRS confirmation of tax id, state withholding tax id, quarterly payroll records, prior year depreciation schedules, income statements, balance sheets, copy of prior tax returns for the past 2 years, or copy of previous business personal property return filed with the county.

### MAIN BUSINESS INFORMATION

|                      |   |                      |  |
|----------------------|---|----------------------|--|
| Legal Business Name: |   |                      |  |
| DBA:                 |   |                      |  |
| Services or Product: |   |                      |  |
| Business Tax Entity: | <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> S Corp <input type="checkbox"/> C Corp <input type="checkbox"/> Other: |                      |  |
| Phone:               |   | Federal ID:          |  |
| Fax:                 |   | Number of Employees: |  |
| Website:             |   | Accounting Software: |  |

### BUSINESS MAILING ADDRESS

|        |      |       |     |
|--------|------|-------|-----|
| Street | City | State | Zip |
|        |      |       |     |

### BUSINESS PHYSICAL LOCATION

Please complete if different from business mailing address.

|        |      |       |     |
|--------|------|-------|-----|
| Street | City | State | Zip |
|        |      |       |     |

### PRIMARY CONTACT INFORMATION

|                 |  |                 |  |                     |  |
|-----------------|--|-----------------|--|---------------------|--|
| Name:           |  |                 |  |                     |  |
| Title:          |  |                 |  |                     |  |
| Phone:          |  | Email:          |  |                     |  |
| SS# or Tax ID#: |  | % of Ownership: |  | Active (yes or no): |  |

Please complete if different from business mailing address.

|        |      |       |     |
|--------|------|-------|-----|
| Street | City | State | Zip |
|        |      |       |     |

ADDITIONAL PARTNERS / OFFICERS

|                 |  |                 |  |                     |  |
|-----------------|--|-----------------|--|---------------------|--|
| Name:           |  |                 |  |                     |  |
| Phone:          |  | Email:          |  |                     |  |
| SS# or Tax ID#: |  | % of Ownership: |  | Active (yes or no): |  |
| Tax Entity:     | <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> S Corp <input type="checkbox"/> C Corp <input type="checkbox"/> Trust |                 |  |                     |  |

|        |      |       |     |
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|                 |  |                 |  |                     |  |
|-----------------|--|-----------------|--|---------------------|--|
| Name:           |  |                 |  |                     |  |
| Phone:          |  | Email:          |  |                     |  |
| SS# or Tax ID#: |  | % of Ownership: |  | Active (yes or no): |  |
| Tax Entity:     | <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> S Corp <input type="checkbox"/> C Corp <input type="checkbox"/> Trust |                 |  |                     |  |

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|                 |  |                 |  |                     |  |
|-----------------|--|-----------------|--|---------------------|--|
| Name:           |  |                 |  |                     |  |
| Phone:          |  | Email:          |  |                     |  |
| SS# or Tax ID#: |  | % of Ownership: |  | Active (yes or no): |  |
| Tax Entity:     | <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> S Corp <input type="checkbox"/> C Corp <input type="checkbox"/> Trust |                 |  |                     |  |

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