

Business Name:	
Business FID or EIN	
Business Address:	City State Zip
Phone	Fax Cell
Bus Email	Website
Primary Contact Name:	
Phone	Cell Email
When did the business started?	
Type of business	Services ___ Merchandise ___
Business structure	Sole Proprietor ___ Partnership ___ (# ___ of members)
	Limited liability corporation LLC ___ S Corp ___
Ind Contractors	
Employees:	
Bank Name:	
RTN	
Number	
Additional Bank Inf.	
User Name	
Password	
Security Question	
Corporations Division Date Incorporated	
Please include the Following with this form:	12 Months Bank Statements Inventory quantity, values & date of purchase (equipment, supplies, etc) 2-3 years income taxes
DUA Acct #	
FID	
Mass Dept. of Revenue	www.mass.gov/dor/business (webfile for business)

	How many employees do you have?_____
	Full time_____ Part time_____ Contractors_____