

DATA for forming new "CORPORATION"

Accountant: _____ Phone: (____) _____

EXACT CORP. NAME WANTED: _____

2nd name choice: _____

Doing business As?: _____

State of Incorporations: _____ County: _____

[] INCORPORATE ON SPECIFIC DATE: _____

TAXATION: [] C-CORP

[] SUB-S

REQUEST FOR TAX ID # (Form SS-4) [] EFA-TO-FILE [] Other-to-file

Principal Officer: Name: _____ SS#: _____

Principal Activity of Business: _____

No. of Employees: _____ Acct. Yr . End: _____

Resulting Tax ID#: _____

CORP. ADDRESS: _____

PHONE: (____) _____

FAX: (____) _____

RESIDENT AGENT:

AGENT ADDRESS: _____

PHONE: (____) _____

FAX: (____) _____

No. of Shares authorized: _____

SHAREHOLDERS:

SHARES-ISSUED

CONSIDERATION-PAID

	# SHARES-ISSUED	CONSIDERATION-PAID
(1) _____	_____	_____
(2) _____	_____	_____
(3) _____	_____	_____
(4) _____	_____	_____
(5) _____	_____	_____

DIRECTORS:

Number of directors authorized: _____

Names:

- (1) _____ (2) _____
(3) _____ (4) _____

OFFICERS:

Chairman of the Board: _____

President: _____

Vice President: _____

Secretary: _____

Chief Financial Officer: _____

Other: _____

ANNUAL MEETING INFO:

Date of Annual Meeting: _____

Time of Shareholders Mtg: _____

Time of Directors Mtg: _____

DATA for forming new "LIMITED LIABILITY COMPANY"

Accountant: _____ Phone: (____) _____

EXACT LLC NAME WANTED: _____

2nd name choice: _____

Doing business As?: _____

State of Formation: _____ County: _____

[] ORGANIZE ON SPECIFIC DATE: _____

TAXATION: [] As a C-Corp [] as a Partnership [] as a SUB-S

[] As a single-member disregarded entity

REQUEST FOR TAX ID # (Form SS-4) [] EFA-TO-FILE [] Other-to-file

Principal Officer: Name: _____ SS#: _____

Principal Activity of Business: _____

No. of Employees: _____ Acct. Yr . End: _____

Resulting Tax ID#: _____

Company Address: _____

PHONE: (____) _____

FAX: (____) _____

RESIDENT AGENT:

AGENT ADDRESS: _____

PHONE: (____) _____

FAX: (____) _____

MEMBERS:

% OWNERSHIP

CONSIDERATION-PAID

	% OWNERSHIP	CONSIDERATION-PAID
(1) _____	_____	_____
(2) _____	_____	_____
(3) _____	_____	_____
(4) _____	_____	_____
(5) _____	_____	_____

MANAGEMENT: [] Single member LLC [] by ALL LLC members

[] by Operating [] by Presiding

Manager Member

Names & addresses of management:

(1) _____ (2) _____

(3) _____ (4) _____

VOTING: [] One person, One vote [] Vote by % Ownership (1 vote for each % of ownership)

President: _____

Vice President: _____

Secretary: _____

Chief Financial Officer: _____

Other: _____

ANNUAL MEETING INFO:

Date of Annual Meeting: _____

Time of Shareholders Mtg: _____

Time of Directors Mtg: _____

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DATA for forming new "LIMITED PARTNERSHIP"

Accountant: _____ Phone: () _____

EXACT LP NAME WANTED: _____

2nd name choice: _____

Doing business As?: _____

State of Formation: [] Calif [] Nev [] Other: _____

County of Formation: _____

[] ORGANIZE ON SPECIFIC DATE: _____ **END DATE:** _____

TAXATION: [] as a Partnership [] other _____

REQUEST FOR TAX ID # (Form SS-4) [] EFA-TO-FILE [] Other-to-file

Principal Officer: Name: _____ **SS#:** _____

Business/Principal Activity: _____

No. of Employees: _____ Acct. Yr. End: _____

Resulting Tax ID#: _____

LP Address: _____

PHONE: () _____

FAX: () _____

RESIDENT AGENT:

AGENT NAME: _____

AGENT ADDRESS: _____

[] same as LP address [] other: _____

PHONE: () _____

FAX: () _____

GENERAL PARTNERS:

GENERAL PARTNER #1: _____ %

Address: [] same as LP address [] other: _____

GENERAL PARTNER #2: _____ %

Address: [] same as LP address [] other: _____

of Gen Partner signatures required for filing Sec of State documents: _____

LIMITED PARTNERS:

	CONSIDERATION PD	PERCENTAGE INTEREST
(1) _____	_____	_____ %
(2) _____	_____	_____ %
(3) _____	_____	_____ %
(4) _____	_____	_____ %
(5) _____	_____	_____ %

MANAGEMENT:

_____ % of Limited Partners to remove a General Partner

_____ % of Limited Partners to elect a new General Partner

BUY/SELL:

First Refusal: _____

Price: \$ _____

Terms: Down: \$ _____ Months: _____ Interest Rate: _____ %

ANNUAL MEETING: Date of Annual Meeting: _____

DATA REQUIRED to create an “OPTION TO PURCHASE”

1. Effective **date** of Option: _____

2. **OPTIONOR**: (exact legal name; if an entity: type, and state of formation:

3. Address of Optionor: _____

4. Who will sign in behalf of Optionor (exact legal name):

5. **OPTIONEE**: (exact legal name; if an entity: type, and state of formation:

Is this the same name as should be on title upon sale? _____

6. Address of Optionee: _____

7. Who will sign in behalf of Optionee (exact legal name):

8. **DESCRIPTION OF ASSET(S)** being Optioned (if real property: street address and legal description; if equipment: full inventory, accurate descriptions, license numbers, if any.) (Use attachment, if easier.)

Condition of Assets: being sold AS IS, Optionor warrants condition of assets
 Optionor agrees to improve assets

9. **TERM OF OPTION**: _____
Start Date: _____
End Date: _____

How is option to be exercised? Written Notice, Tender of money
 Opening of escrow

10. **FINANCES**

Price for grant of option: _____

Total Purchase Price for assets: _____

How paid: All Cash due at close Down Payment + Carry back of paper

Terms of any carried back paper:

Period of payment: _____

Amount of each payment: _____

Interest Rate on unpaid balance: _____

When is final payment due: _____

Payments to be paid by: Bank Check, Cashier's Check, Wire transfer

To be made payable to: _____

To be delivered to : _____

Address: _____

Returned Check and Stop Payment Charges: _____

Late Payment Charge: _____

If payment received late by _____ calendar days working days

WHEN DOES TITLE TRANSFER:

Upon purchase (even though carrying back paper

Only when paid in full.

Who maintains in the mean time, till title transfers?

IF REAL ESTATE:

Who pays utilities: _____

Who pays real estate taxes: _____

What happens if there is a tax increase? _____

Who pays mortgage: _____

Who pays maintenance & repairs: _____

Who pays insurance: _____

IF EQUIPMENT:

Who pays maintenance & repairs: _____

Who pays insurance: _____

11. INSURANCE:

What type of insurance till asset paid in full.

12. BROKERAGE COMMISSIONS

Any? _____ If so, who pays? _____

DATA REQUIRED to create a "COMMERCIAL LEASE"

1. Effective **date** of Lease: _____
2. **LESSOR**: (exact legal name; if an entity: type, and state of formation:

3. Address of Lessor: _____
4. Who will sign in behalf of Lessor (exact legal name):

5. **LESSEE**: (exact legal name; if an entity: type, and state of formation:

6. Address of Lessee: _____
7. Who will sign in behalf of Lessee (exact legal name):

8. **DESCRIPTION OF ASSET(S)** being leased (if real property: street address and legal description; if equipment: full inventory, accurate descriptions, license numbers, if any.)
(Use attachment, if easier.)

Condition of Assets: being leased AS IS, Lessor warrants condition of assets
 Lessor agrees to improve assets, Lessor agrees to maintain assets

9. **TERM OF LEASE**: _____
Start Date: _____
End Date: _____

10. **FINANCES**

Security Deposit: _____

Rent: _____ for what period:

Scheduled increases in rent: _____ period: _____

Scheduled increases in rent: _____ period: _____

Scheduled increases in rent: _____ period: _____

Rent is to be paid by: Bank Check, Cashier's Check, Wire transfer

To be made payable to: _____

To be delivered to : _____

Address: _____

Returned Check and Stop Payment Charges: _____

Late Payment Charge: _____

If payment received late by _____ [] calendar days [] working days

IF REAL ESTATE:

Who pays utilities: _____

Who pays real estate taxes: _____

What happens if there is a tax increase? _____

Who pays mortgage: _____

Who pays maintenance & repairs: _____

Who pays insurance: _____

IF EQUIPMENT:

Who pays maintenance & repairs: _____

Who pays insurance: _____

11. INSURANCE:

What type of insurance is Lessee to maintain on leased asset(s), and in what amounts?

12. OPTION TO RENEW OR EXTEND LEASE:

[] Yes, how many times, for how long, and for what rental rate?

13. SECURITY FOR LESSEE'S PERFORMANCE, if any:

[] Personal Guarantee [] Lien against:

14. USE of leased asset(s):

15. BROKERAGE COMMISSIONS

Any? _____ If so, who pays? _____

DATA REQUIRED to formalizing a "LOAN"

1. Effective **DATE** of Loan Transaction: _____

2. **LENDER(s)**: (exact legal name. If an entity: identify type of entity, and state of formation:
If an individual: identify if sole and separate property.)

Address of Lender(s): _____

Who will sign in behalf of Lender(s) (exact legal name):

3. **BORROWER(s)**: (exact legal name. If an entity: identify type of entity, and state of formation:
If an individual: identify if sole and separate property.)

Address of Borrower(s): _____

Who will sign in behalf of Borrower(s) (exact legal name):

4. **LOAN TERMS:**

Loan Amount: \$ _____ or
 Line of credit loan up to \$ _____

Interest:

Rate during loan period: _____% per annum simple interest compound interest
Interest running from (start date of interest): _____

Rate for periods beyond due date: _____% per annum simple compound
or

Interest as a fixed dollar amount: \$ _____

Payments:

INTEREST PAYMENTS ONLY, PRINCIPAL LATER

Interest only for following period of time: _____ months

Payments due on _____ day of the month. 1st payment due: _____

Principal due in lump sum on (date): _____

or

AMORTIZED PRINCIPAL & INTERST PAYMENTS

Type of Amortization: Full amortization Other: _____

Payments due on _____ day of the month. 1st payment due: _____

Loan fully due on (date): _____

or

OTHER: _____

Other Charges:

LATE CHARGE

Amount: fixed \$ amt: \$ _____ % of pmt due: _____%
... if received _____ working days calendar days late.

RETURNED CHECK & STOP PAYMENT CHARGES

Amount: fixed \$ amt: \$ _____ % of pmt due: _____%

How & Where to be Paid:

Payments are to be paid by: Bank Check, Cashier's Check, Wire transfer

To be made payable to: " _____ "

To be delivered to : _____

Address: _____

5. SECURITY FOR LOAN:

Trust Deed(s) on Real Property:

Property #1:

Name on Title as Owner: _____

Street Address: _____

ATTACH LEGAL DESCRIPTION (required)

Property #2:

Name on Title as Owner: _____

Street Address: _____

ATTACH LEGAL DESCRIPTION (required)

Property #3:

Name on Title as Owner: _____

Street Address: _____

ATTACH LEGAL DESCRIPTION (required)

What type of insurance is Borrower to maintain on properties, and in what amounts?

Equipment:

Description of equipment: _____

Name on Title as Owner: _____

Location of equipment: _____

ATTACH FULL LEGAL DESCRIPTION OF EQUIPMENT (required)

Stock:

Description of stock

Issuer : _____

Number of shares: _____

Certificate number(s): _____

Name on Certificates as Owner: _____

Location of shares: _____

ATTACH PHOTOCOPY OF SHARES IF PRIVATELY-HELD COMPANY (required)

Participation in Transaction:

Description of Transaction, in detail

ATTACH PHOTOCOPY OF TRANSACTION DOCUMENTS (required)

Life Insurance:

Borrower required to obtain or assign life insurance policy to pay loan if borrower dies.

Insured : _____

Insurance Company: _____

Type of Insurance: _____

Amount of death benefit: \$ _____

Amount of Premiums: \$ _____ due how often _____

Personal Guarantee(s):

Names of Guarantors: (exact legal name. If an entity: identify type of entity, and state of formation:)

Address of Guarantor(s): _____

Who will sign in behalf of Guarantor(s) (exact legal name): _____

6. OPTION TO RENEW OR EXTEND LOAN:

Yes, how many times, for how long, and for what change in terms?

7. Did a Real Estate Broker arrange this loan?

No Yes: Name: _____

8. OTHER TERMS & CONDITIONS:

Agreement not to further encumber secured assets?

Loan accelerates upon death of Borrower, and becomes immediately due?

Other:
