

Incorporate - Get Started

In the following pages, you will be asked for very detailed information that we need to prepare your corporate documents.

If you do not know the answer to any of the questions, feel free to leave them blank and a representative from our firm will follow up to assist you. If you need assistance, please call us at (866) JEFF UNGER, or send us an email with your question.

We provide high-quality, customized incorporation documents; therefore, it is important for us to collect all of

the necessary information to guarantee that you receive the highest level of protection. This may require some extra time on your part, but you will appreciate the quality of the documents you receive from us!

Before you complete the questionnaire, you will be given the opportunity to provide credit card payment information. If we do not receive your payment information, we will presume that you prefer to be contacted by phone to complete the transaction.

When complete, fax form to 310.772.7701.

Corporation Name

Name of Corporation _____

- Inc. Corp. A Professional Corporation Limited Ltd.
 Incorporated Corporation A Medical Corporation A Dental Corporation

Alternate Name #1 _____

Alternate Name #2 _____

Jurisdiction of Formation

- California Delaware Nevada New York Texas

Purpose of Corporation

- Production Company Real Estate/Mortgage Broker Other _____
 Physician/Dental Chiropractor _____
 Contractor Restaurant _____

Contact Information

Name (First, M.I., Last) _____

Address _____

Address 2 _____

City _____ State _____ Zip _____

Phone () _____ Fax () _____ Email _____

Accountant, Business Manager or Other Professional

We will send complimentary copies of documents at your request to your business professional.

Name (First, Middle Initial, Last) _____

Select One: CPA EA Business Manager Attorney Other Professional

Firm _____

Address _____

Address 2 _____

City _____ State _____ Zip _____

Phone () _____ Fax () _____ Email _____

Principal Place of Business

Address _____

Address 2 _____

City _____ State _____ Zip _____

Agent for Service of Process (Choose One)

eResidentAgent

eResidentAgent, Inc. will act as the agent for service of process for your company for the first 12 months following the date of incorporation for no additional charge. Thereafter, the annual fee is \$105. Documents accepted by eResidentAgent will be delivered to you via mail, overnight delivery, and the document will be e-mailed to you in a PDF format. eResidentAgent is affiliated with Ungerlaw.com, but it is not a law firm, and provides no legal services to its customers. eResidentAgent requires its customers to sign an Agreement before any services are provided.

I would prefer the following person to act as my Agent for Service:

Name of Agent (First, M.I., Last) _____
 Address _____
 Address 2 _____
 City _____ State _____ Zip _____

Tax Matters

- "S" Corporation
- "C" Corporation

Tax Year

- Calendar Year
- Fiscal Year Ending _____ (Month/Date)

Shareholders (First, M.I., Last)

Please provide the names and Social Security numbers of your corporation's shareholders and their spouses.

Shareholder 1 _____	Social Security Number _____
Spouse _____	Social Security Number _____
Shareholder 2 _____	Social Security Number _____
Spouse _____	Social Security Number _____
Shareholder 3 _____	Social Security Number _____
Spouse _____	Social Security Number _____
Shareholder 4 _____	Social Security Number _____
Spouse _____	Social Security Number _____
Shareholder 5 _____	Social Security Number _____
Spouse _____	Social Security Number _____
Shareholder 6 _____	Social Security Number _____
Spouse _____	Social Security Number _____

Capitalization

Please provide us with the capital contribution and number of shares of stock to be issued to each shareholder.

Name of Shareholder(s) (First, M.I., Last)	Cash Capital Contribution	# of Shares
_____	\$ _____	# _____
_____	\$ _____	# _____
_____	\$ _____	# _____
_____	\$ _____	# _____
_____	\$ _____	# _____
_____	\$ _____	# _____
Total \$ _____		_____

If you are contributing assets to this corporation from an ongoing business, check this box. For the incorporation of a going concern, please fax us a current balance sheet (310-772.7701).

Loan

Will there be a loan to the corporation? Yes No

Will the loan be a revolving line of credit? Yes No

Amount \$ _____ Interest Rate _____

Name of Payee/Lender (First, M.I., Last) _____

Directors (First, M.I., Last)

Please provide us with the name of each Director.

Director 1 _____

Director 2 _____

Director 3 _____

Director 4 _____

Director 5 _____

Director 6 _____

Corporate Officers (First, M.I., Last)

Please provide us with the name of each Officer.

President _____

Vice President _____

Assistant Vice President _____

Secretary _____

Assistant Secretary _____

Treasurer/CFO _____

Additional Officer _____

Organizational Meeting

Please provide us with the date of the organizational meeting of the corporation.

To be held on: Date _____ Calendar (mm-dd-yyyy)

Annual Meeting

Please provide us with the date of the annual meeting of shareholders and directors.

To be held on:

- First Second Third Fourth
 Monday Tuesday Wednesday Thursday Friday

Month _____ Time _____ a.m. p.m.

Bank Information

Bank Name _____

Bank Address _____

Bank Address 2 _____

City _____ State _____ Zip _____

Authorized Signers

- President Vice President Secretary Treasurer/CFO

Other Agreements

We will contact you the terms of these agreements.

Do you need a Medical Expense Reimbursement Plan? Yes No

Do you need an Employment Agreement? Yes No

Name of Employee(First, M.I., Last) _____ Annual Compensation _____

Additional Information

Anything you need us to know in regards to forming your corporation?

Payment

To expedite this process, please provide us with your credit card Information. All information you provide is handled by a secure server to protect your data. If you are more comfortable, we can gather your credit card information by telephone.

I prefer to pay by check.

Make check payable to: Ungerlaw

I prefer to pay by credit card.

Name (On Card) _____

Address (or Company name) _____

Address (optional) _____

City _____ State _____ Zip _____

Credit Card (Please Check One) American Express Visa Mastercard

Credit Card Number _____

Expiration Date _____

When you have completed this form, please fax to 310.772.7701.

When we have obtained all your information, we will contact you to go over the corporate information and to personally answer your questions. We will then prepare the appropriate corporate documents. California law encourages lawyers and clients to have agreements in writing regarding their relationship. Before we file the Articles of Incorporation, we will require an executed Fee Agreement. To expedite the process, please fax the attached Agreement to us at 310.772.7701.

If you have any questions in the meantime, please feel free to contact us.