

Instructions: Please complete as much of this form as you can before our meeting. Additional pages may be added as necessary. It is important that you complete this form as thoroughly as you can as my advice to you will be based on the information you provide. Any material misstatements or omissions may result in improper advice for your situation. The information that you supply on this form will be retained in my file. No information will be released to any person without your prior permission.

A. General Company Information

Name

Employer Identification Number

Principal Business Address

City

State

Zip

County

Telephone Number

Fax Number

Website

B. Company Contact Person(s) for Purposes of Buy-Sell Agreement

Name 1

Telephone Number

Cell Phone Number

E-mail Address

Preferred Method(s) of
Communication

Home Phone

Cell Phone

Work Phone

E-mail

Name 2

Telephone Number

Cell Phone Number

E-mail Address

Preferred Method(s) of
Communication

Home Phone

Cell Phone

Work Phone

E-mail

C. Company Specifics

Entity Type (e.g. C Corporation, S
Corporation, Limited Liability
Corporation, Limited Partnership,
General Partnership)

Note: Please provide copies of the formation and operating documents (e.g. Articles of Incorporation or Organization, Bylaws or Operating Agreement, Partnership Agreement, etc.)

Type of Business/Operations

Number of owners

For each owner, complete the Company Owner Information Form at the bottom of this document.

If any owner is inactive, list his/her
name here

If any owners are related by blood
or marriage, list their names and
relationships

Are any professional licenses
required of the owners?

Outstanding loans?

Note: Please provide copies of any loans that bind the company.

D. Agents and Advisors that Attorney is Authorized to Contact

Business Law Attorney (Name &
Company)

Address

Telephone

E-mail Address

Tax Accountant (Name & Company)

Address

Telephone

E-mail Address

Financial Planner (Name &
Company)

Address

Telephone

E-mail Address

Insurance Broker (Name &
Company)

Address

Telephone

E-mail Address

E. Buy-Sell Specific Questions

Purpose of Agreement (check all that apply)

- Allow owners to determine with whom they will work/
share control
- Prevent outsiders from obtaining an ownership interest
- Ensure continuity of management and control
- Increase job stability for minority owners/employees
- Provide for orderly liquidation of an owner's interest
- Prevent the continued involvement of retired/inactive
owners
- Create a market for shares
- Generate cash to pay death taxes and estate settlement costs
- Fix ownership values for estate/gift tax purposes
- Coordinate business with family estate plan

Triggering Events (check all events that should be included)

Attempt to sell
Death
Retirement
Disability/incompetence
Expulsion/termination
Bankruptcy
Loss of professional license
Breach of agreement
Criminal conduct
Dissolution of marriage/partnership

Permitted Transfers (check all that apply)

Other owners
Immediate family members
Owner's revocable living trust

Valuing the Business (choose only one)

- a. Agreed value of total business is
or, per share
- b. Book value (may be modified of
combined with other methods)
- c. Capitalization of earnings
- d. Appraisal upon triggering event
- e. Other

Funding the Buyout

Insurance (can address death and/or
disability)

Corporate sinking fund

Self-funded

Installment terms (if desired)

Longest possible term (months/
years)

Frequency of payments (annually,
quarterly, etc.)

Interest rate (if other than federal rates)

Secured or unsecured?

F. How did you learn of The Law Office of Nicole A. Davidson?

Referred by

Attended seminar at

Other

COMPANY OWNER INFORMATION FORM

Complete the information below for each of the company's owners.

Name

Address

Phone Number

E-mail Address

Age

Title(s) (if officer)

Interest (percent or # of shares)

Name of Spouse or Domestic Partner (if married/registered)

Separate or Community Property?

Insurable? Yes
 No
 Don't Know

Name

Address

Phone Number

E-mail Address

Age

Title(s) (if officer)

Interest (percent or # of shares)

Name of Spouse or Domestic
Partner (if married/registered)

Separate or Community Property?

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Insurable?	Yes
	No
	Don't Know