

Client Information Form

Company Name: _____

Doing-Business-As (DBA If Applicable): _____

Primary Street Address: _____

City: _____

State: _____

Zip: _____

Contact Name: _____

Contact Email Address: _____

Year Established: _____

Organization Form-(C, S-Corp., LLC, Sole Prop. Etc.): _____

Organized Under the Laws of (State): _____

Business Type & Codes

Primary Business Activity: _____

NAISC Code (If Known): _____

SIC Code (If Known): _____

Secondary Business Activity: _____

NAISC Code (If Known): _____

SIC Code (If Known): _____

Purpose & Use

Purpose of Valuation (Estate, Gift Tax, Divorce, Etc.): _____

Users of Valuation (Intended Report Recipients): _____

Ownership

Stock Ownership (provide all Stockholders):

Shareholder-#1-Name: _____

Shareholder-#2-Name: _____

Shareholder-#3-Name: _____

Shareholder-#4-Name: _____

Shareholder-#5-Name: _____

Total Common Shares: _____

Total Preferred Shares (if any): _____

Total Other Shares (if any): _____

Options (if any): _____

Warrants (if any): _____

Sole Proprietor (Yes or No): _____

Prepared on Behalf of:

Name _____

Title _____

Address _____

City _____

State _____

Zip _____

Email Address _____

Phone _____

Relationship _____

Standard of Value (Client ignore this section):

Fair Market Value _____

Fair Value _____

Strategic Value _____

Liquidation Value _____

Divorce Value _____

Premise of Value (Client ignore this section):

Going Concern _____

Liquidation _____

Date of Valuation (Month/Day/Year): _____

Report Date (Client ignore this section): _____