



MEDLEY & ASSOCIATES, LLC

A T T O R N E Y S A T L A W

Please provide our office with the following Client information. The information must be completely filled out in order for the transaction to go as smoothly as possible.

CLIENT'S FULL NAME: _____

CLIENT'S SOCIAL SECURITY NUMBER(S): _____

CLIENT'S ADDRESS: _____

PHONE: _____

CLIENT'S EMAIL: _____

PHONE: _____

TYPE OF TRANSACTION: **LIMITED LIABILITY CORP** **OR** **INCORPORATION**

NAME OF BUSINESS: _____

BUSINESS ADDRESS: _____

REGISTERED AGENT: _____

ADDRESS FOR REGISTERED AGENT: _____

NAMES OF MEMBERS AND PERCENTAGE OF INTEREST: _____

NAMES OF OFFICERS: _____

Thank you for your cooperation in this matter. We look forward to working with you. Please feel free to contact our office if you should have any questions or concerns.