

Corporation information form

PREVIEW
CORPORATION INFORMATION FORM

Client's name _____

Contact person _____

Type of business _____

Purpose of business _____

Date business to begin _____

Financial structure of business _____

Loans to be made to the corporation _____

Name of accountant _____

Address _____

Phone no. _____ Fax no. _____

Name of Insurance agent _____

Address _____

Phone no. _____ Fax no. _____

Referred By _____

Name of financial consultant _____

Address _____

Phone no. _____ Fax no. _____

Names of previous attorneys _____

Addresses _____

Phone no. _____ Fax no. _____

Make and file it with attorney
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State of incorporation _____

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Name of corporation--1st choice _____

2nd choice _____

3rd choice _____

Date checked for availability _____

Application for reservation of corporate name required--

Yes _____ No _____

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Registered agent's name _____

Address _____

Phone no. _____ Fax no. _____

Principal place of business _____

Will the corporation use an assumed name certificate -- Yes _____ No _____

If yes, assumed name to be used _____

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Withdraw assumed name of unincorporated business -- Yes _____ No _____

Send Notice to creditors of incorporation for an ongoing business--

Yes _____ No _____

Publish notice in newspaper for incorporation of an ongoing business--

Yes _____ No _____

Counties to file assumed name in _____

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File Assumed Name with secretary of state's office -- Yes _____ No _____

Fiscal or calendar year for corporation _____

Will corporation conduct business in other states -- Yes _____ No _____

If yes, name of states and counties _____

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Names under business will be conducted _____

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Subchapter S status -- Yes _____ No _____

Business location -- own _____ lease _____ assignment of lease _____

Preparation of lease _____

Name of landlord _____

Organizer's or incorporators' names _____

Addresses _____

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Phone no. _____

Initial director's name _____

Address _____

Phone no. _____

Initial director's name _____

Address _____

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Phone no. _____

Initial registered agent's name _____

Address _____

Phone no. _____

Type of corporation -- profit _____ non-profit _____ limited liability _____

close corporation _____ regular stock corporation _____ Subchapter S _____

Period of duration -- perpetual _____ other _____

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Corporate purposes:

General purpose clause _____

Specific purpose clause _____

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Capitalization -- common stock _____ number of authorized shares _____

Par value \$ _____ classes _____ preemptive rights _____

Full _____ limited _____ denied _____

Cumulative voting -- granted _____ denied _____

Other rights and preferences _____

Preferred stock _____ no. of shares _____ par value \$ _____

No par

Dollar par value _____

Par Value at \$ _____ - _____

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Original Shareholders:

Name _____

Address _____

Phone no. _____

Number of shares _____

Name _____

Address _____

Phone no. _____

Number of shares _____

Name _____

Address _____

Phone no. _____

Number of shares _____

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Name _____

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Address _____

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Phone no. _____

Number of shares _____

Order Corporation minute book -- Yes _____ No _____

Type _____

Date ordered _____

Cost \$ _____

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Bylaws -- long _____ short _____

Date and place for annual meeting of shareholders _____

Add to calendar each year -- Yes _____ No _____

Date and Place for special meeting of shareholders _____

Location _____

Who may call special meetings other than the President or Board of

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Directors and holders of not less than 1/10 of the shares _____

Quorum requirements _____

Number of votes needed for action of which a quorum is required _____

Record Date for determination of shareholders entitled to vote or

Receive dividends _____

Proxy information for shareholders _____

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Directors:

Number of directors _____

Name _____

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Address _____

Phone no. _____ Fax no. _____
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Name _____

Address _____

Phone no. _____ Fax no. _____

Name _____

Address _____

Phone no. _____ Fax no. _____
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Name _____

Address _____

Phone no. _____ Fax no. _____

Term of directors _____

Staggered terms, if desired _____

Qualifications for serving _____
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Compensation _____

Meeting of directors

Annual meeting -- date _____ time _____

Place _____

Notice requirements _____

Regular meeting -- date _____ time _____
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Place _____

Notice requirements _____

Special meeting -- date _____ time _____

Place _____
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Notice requirements _____

Quorum requirements for directors _____

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Officers:

President _____

Vice-President _____

Secretary _____

Treasurer _____

Qualifications _____

Compensation _____

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Organizational meeting:

Date _____ time _____

Place _____

Names of initial directors named in the Certificate of Formation (formerly called Articles of Incorporation) _____

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Names of persons to serve as directors (if different from the initial directors) _____

Date of filing Certificate of Formation with secretary of state _____

Name of the chairman of the organizational meeting _____

Name of the secretary of the meeting _____

Names of persons who were elected to serve as corporate officers:

President _____

Vice-President _____

Secretary _____

Treasurer _____

Corporate Chairman _____

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Other _____

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Compensation of officers _____

Bank information:

Name and address where bank account will be located:

Name _____

Address _____

Bank officer _____

Account no. _____

Banking resolutions to be prepared or use bank standard form --

Yes _____ No _____

Name and corporate office of persons authorized to draw checks or make loans on the corporation's behalf _____

Purchase of stock/shares

Name _____

Amount _____ no. of shares _____

Address _____

No. of shares purchased by each person _____

Health and accident plan -- Yes _____ No _____

1244 Stock Plan -- Yes _____ No _____

Maximum number of shares to be issued _____

Consideration _____

Maximum number of shares to be received _____

Other (green text) _____

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Buy-sell agreement -- Yes _____ No _____
Employment or management agreement -- Yes _____ No _____

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Compensation agreement -- Yes _____ No _____

Expense agreement -- Yes _____ No _____

Restrictive covenant agreement -- Yes _____ No _____

Retirement plan requested -- Yes _____ No _____

Wills, estate plan or financial planning -- Yes _____ No _____

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Fee: \$ _____

Special handling fee requested \$25

Regular mail _____ Other _____

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CORPORATE TEMPLATE

DATE DUE	DATE COMP	ITEM
_____	_____	Meet with client.
_____	_____	Attorney agreement.
_____	_____	Explain corporate form of business.
_____	_____	Pre incorporation agreement.
_____	_____	Complete corporation checklist.
_____	_____	_____ Call secretary of state to verify corporate name -- Yes _____ No _____
_____	_____	Reserve corporate name -- Yes _____ No _____
_____	_____	_____ Letter to client regarding formation of corporation and fee.
_____	_____	_____ Letter to client regarding operation of business as a corporation.
_____	_____	Letter to client regarding corporate responsibilities.
_____	_____	Notice of intent to incorporate ongoing business.
_____	_____	_____ Publish notice to incorporate ongoing business -- Yes _____ No _____
_____	_____	Draft certificate of formation.
_____	_____	_____ File the same with the secretary of state's office.
_____	_____	_____ Upon receipt of corporate charter from the secretary of state's office, prepare bylaws, stock certificates, corporate options, if desired, i.e., Section 1244 stock plan, medical reimbursement plan, Subchapter S election.
_____	_____	Set day and time for organizational meeting.

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_____ Hold organizational meeting.
 _____ Obtain bank authorization.
 _____ Issue stock certificates.
 _____ Complete and mail in application for employer's ID number.
 _____ Each year 30 days prior to date for annual meeting, send letters advising client of meeting date.

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 §11:61 Form: Corporation/association worksheet

[Date]

Certificate of Formation

Corporation's Name:

1st Choice _____

2nd Choice _____

3rd Choice _____

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Number of authorized shares: _____ Par _____ or No Par _____

Preemptive rights: Granted _____ Denied _____

Cumulative Voting: Granted _____ Denied _____

Registered agent name: _____

Address: _____

Initial board of directors:

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Number of Directors:

Name

Address

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Organizers:

Name	Address
_____	_____
_____	_____

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If Association -- Principal address _____

Original shareholders:

Name	Address
_____	_____
_____	_____

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Order minute book _____

Date ordered _____

From whom _____

First meeting of board

Use one director minutes _____ Use multiple director minutes _____

Address of the corporation _____

THANK YOU
Date of the first meeting of board _____ [date]

Directors Present:

_____ Chairman of the meeting

Secretary of the meeting
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____ Chairman of the board

____ President

____ Vice-president

____ Secretary

____ Treasurer

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Who will own shares:

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Family	Number	Amount and manner of consideration
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Employment contracts:

Name	Salary	Bonus	Disability	Benefits	Fringe
_____	\$ _____	_____	_____	_____	_____
_____	\$ _____	_____	_____	_____	_____
_____	\$ _____	_____	_____	_____	_____
_____	\$ _____	_____	_____	_____	_____

Health and accident plan type:

____ Group

____ No group

____ Percent limitation:

____ Maximum salary

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Open bank account with: _____ **PREVIEW**

Who may sign on account: _____

Assignment and bill of sale _____

_____ 1244 Plan

_____ Stock purchase agreement

Business location: _____

^{Own}
Lease **PLEASE DO NOT COPY**

_____ Assignment of lease _____

_____ Preparation of lease

Name of landlord _____

Client:

Names _____ Address _____ Phone _____
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Date commencing the operations _____

Purpose of business _____

Are any loans being made to corporation? yes _____ no _____
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If yes, details: _____

Name of accountant _____

Name of insurance agent _____

Ref: _____
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Fee quoted _____ Fee received _____

Promised date of completion _____

Is there a retirement plan? yes _____ no _____

If yes, details: _____

Qualifications in other states _____

Special Instructions to the typist _____

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Interviewed By _____

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