

Contact Information

Primary contact for client's transaction

As we continuously update this dynamic questionnaire, intermittent bugs may be identified. If an error occurs, please email the issue and we will have a team member reach out to assist as soon as possible.

Questionnaire Support

If you need to schedule a FREE consultation, please go directly to Appointments:

Appointment Scheduling

Contact's Name *

First Name

Last Name

Email *

example@example.com

Contact's Cell Phone Number

Contacts best phone number, including extension as appropriate. Generally, cell phone number.

Primary Company Name

Name of parent company or name that business is known by the public. If there isn't one, you can leave blank.

Address of Business Operations

Street Address

Street Address Line 2

City

State

Zip Code

Would you like introductions to any of the following third-party vendors?

Broker-Dealer - technology compliance
Broker-Dealer - Managing BD for selling group
Compliance Consultant - securities
Investment Portal/ Technology Vendor
Marketing Agencies
Transfer Agents
CPA for financial audits
Technology portal
Graphic Designers
Escrow Company for securities
Fund administrator
Other - please clarify in Additional Notes

Would you like additional information on any of the following services provided through Crowdfunding Lawyers or its associated or of-counsel attorneys/firms?

Title/ Escrow services
Real estate transactional representation
1031 Exchange transaction
Trademarks or licensing
Mergers & acquisitions representation
Asset protection
Corporate or contract representation
Other - please clarify in Additional Notes

Issuer Entity Information

Information and ideas for the business entity raising funds.

Proposed Issuer Entity Name

Type of Entity *

Limited liability company (LLC)
C Corporation
REIT
Limited Partnership
I don't know
Other