

CLIENT INFORMATION FORM

CLIENT INFORMATION

Bascp Property MGMT LLC

Legal Business Entity Name: _____

State of Incorporation or Organization: NJ

Type of Legal Entity: LLC

Fictitious Business Name or DBA (if applicable): n/a

Legal Entity Physical Address: 3299 us Highway 46
 , Parsippany, NJ 07054

CLIENT ACCOUNTING INFORMATION

Michael Basco

Accounting Contact Name: _____

michael@bascoproperties.com

Accounting Email: _____

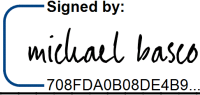
800-559-8942

Accounting Phone Number: _____

By signing this Client Information Form, the signatory represents and warrants that the information provided is accurate and complete to the best of his/her knowledge and that he/she is authorized to complete the form on behalf of the Client named within.

Client

Signed by:



708FDA0B08DE4B9...

By (Signature) _____

Michael Basco

Printed Name _____

EVP

Title _____

1/6/2025

Date _____