

## *Client Application*

### ***BUSINESS INFORMATION***

Business URL Address:		Tax I.D. Number
Business D.B.A. Tal Card llc		<input type="checkbox"/> Proprietorship <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Not for Profit <input type="checkbox"/> Limited Liability Co. <input type="checkbox"/> Corporation  State of Inc. Flórida  Date of Inc. _____
Physical Address	City/State/Zip	
Contact Name/Title	Email Address	
Business Phone Number	Business Fax Number	

### ***OWNER AND OFFICER INFORMATION***

Owner/Officer #1      % of Ownership _____	
Name	Title
Social Security Number	
Home Address/City/State/Zip	
Date/Place of Birth	
Mother's Maiden Name	
Email Address	Home Phone Number
Driver's Lic. # / State	
Date of Issuance/Expiration	
Owner/Officer #2      % of Ownership _____	
Name	Title
Social Security Number	
Home Address/City/State/Zip	
Date/Place of Birth	
Mother's Maiden Name	
Email Address	Home Phone Number
Driver's Lic. # / State	
Date of Issuance/Expiration	
Owner/Officer #3      % of Ownership _____	
Name	Title
Social Security Number	
Home Address/City/State/Zip	
Date/Place of Birth	
Mother's Maiden Name	
Email Address	Home Phone Number
Driver's Lic. # / State	
Date of Issuance/Expiration	

**Attach a list of additional owners or officers, if applicable**

**Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_