

# BUSINESS INFORMATION FORM

## Name of Company

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

## Organizer

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

## Company Information

Nature of business: \_\_\_\_\_

Date began doing business: \_\_\_\_\_

Products or services sold: \_\_\_\_\_

Will the Company own, lease or have any interest in agricultural land or land  
capable of being farmed? Yes   
No

Number of Shareholders or Members \_\_\_\_\_

## First Officer Information

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ SSN: \_\_\_\_\_

## Second Officer Information

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ SSN: \_\_\_\_\_