

Client Information Form

For

and

Remain In Control LLC / Business Consultants

11205 Lebanon Rd. Suite 376
Mount Juliet, TN. 37122

Telephone: (615) 988-0071
Fax: (800)-815-2142

Please email back this for via email to: Info@remainincontrol.com

Instructions

Please complete the following form to the best of your ability. If you have any questions or need assistance, please contact our office. This form is just to have on file as a registered potential client for any of our services we offer.

Most of the clients that provide us the information are just new potential clients that are looking for our consulting services in regards to Cannabis research and or other business solutions.

Just fill in what pertains to your situation.

You are NOT required to provide any documents to us at this time. We will first provide instructions for a conference call with the designated individual or company based on your request below.

My current needs are as follows:

1. _____
2. _____
3. _____
4. _____

Describe in details what you company needs are please?

Example: I need a banking solution for my _____ Business?

I need a POS solution for compliance?

I would like to discuss future venture and growth?

Thanks

PERSONAL INFORMATION

(Please Print)

Date Completed _____

Full Company Legal Name _____

Date of Corporation Setup: _____ EIN # Number _____

Business address _____ City _____ State _____ Zip _____

Bus telephone _____ County of Bus _____

Employer _____ Position _____ Cellphone (____) _____

Home address _____ City _____ State _____ Zip _____

Married: _____ Divorced: Date _____ Widowed: Date _____ Single

U.S. Citizen Lived in the following states: CA, WA, NV, AZ, NM, TX, ID, LA or WI

Client # 2

Full Company Legal Name _____

Date of Corporation Setup: _____ EIN # Number _____

Business address _____ City _____ State _____ Zip _____

Bus telephone _____ County of Bus _____

Employer _____ Position _____ Cellphone (____) _____

Home address _____ City _____ State _____ Zip _____

Married: _____ Divorced: Date _____ Widowed: Date _____ Single

U.S. Citizen Lived in the following states: CA, WA, NV, AZ, NM, TX, ID, LA or WI

OTHER PROFESSIONAL ADVISORS

Name of CPA: _____
Company _____
Address _____ City _____ State _____ Zip _____
Phone # _____ Fax # _____ E-Mail: _____

Name of Financial Advisor: _____
Company _____
Address _____ City _____ State _____ Zip _____
Phone # _____ Fax # _____ E-Mail: _____

Name of Family Attorney: _____
Company _____
Address _____ City _____ State _____ Zip _____
Phone # _____ Fax # _____ E-Mail: _____

Name of Business Attorney: _____
Company _____
Address _____ City _____ State _____ Zip _____
Phone # _____ Fax # _____ E-Mail: _____

Name of Business Insurance Agent: _____
Company _____
Address _____ City _____ State _____ Zip _____
Phone # _____ Fax # _____ E-Mail: _____

Name of Personal Banker: _____
Company _____
Address _____ City _____ State _____ Zip _____
Phone # _____ Fax # _____ E-Mail: _____

I _____, attest that all information provided is true and accurate and that I am authorized to request and or provide this information.

X _____

Date: _____

Signature