



**BURROWS**  
LAW GROUP

**NOTE: THIS INFORMATION IS LEGALLY PRIVILEGED**

## BUSINESS INFORMATION FORM

### *Personal and Confidential*

Please complete the form below to the best of your ability. Our firm relies upon the information you provide us to be accurate and complete in all respects. If the information is not accurate and complete, the recommendations we make may not be appropriate for your situation.

(PLEASE PRINT)

Full Name: \_\_\_\_\_ Nickname: \_\_\_\_\_ Maiden Name \_\_\_\_\_

Address: \_\_\_\_\_ Apt: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_

State: \_\_\_\_\_ Zip code: \_\_\_\_\_ How Long In County? \_\_\_\_\_ Yrs. \_\_\_\_\_ Mos.

Home No.: (\_\_\_\_) \_\_\_\_\_ Work No.: (\_\_\_\_) \_\_\_\_\_ Mobile/Pager or  
Other No.: (\_\_\_\_) \_\_\_\_\_  
(Circle the best # to reach you)

Email address: \_\_\_\_\_

SSN: \_\_\_\_\_ DL#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Race: \_\_\_\_\_

Birth Place: City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

Proposed name of the LLC: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Who will be the registered agent (contact person) for the company? \_\_\_\_\_

How many Members will be in the LLC: \_\_\_\_\_

Names and Addresses of the Members:\*

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Initial contribution amount: \$ \_\_\_\_\_ Amount of future contributions pledged: \$ \_\_\_\_\_

DALE A. BURROWS\*

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\*Board Certified - Family Law Texas Board of Legal Specialization

ADAM BURROWS

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Burrows Law Group is a DBA of Law Office of Dale A. Burrows, P.C

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Initial contribution amount: \$ \_\_\_\_\_ Amount of future contributions pledged: \$ \_\_\_\_\_

\*If more space is needed please list on the back of the page.

How many Organizers of the Company? \_\_\_\_\_

Names and Addresses of the Organizers:\*

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

\*If more space is needed please list on the back of the page.

What would you like the effective date of the company to be? \_\_\_\_\_

Are any prospective Members a business entity (corporation, partnership, etc?) \_\_\_\_\_

Business Address for Registered Agent:

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Registered office address for company:

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Principle business office for company (can be same as previous address):

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

**ATTORNEY'S COMMENTS:**

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Name: \_\_\_\_\_

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

### HOW DID YOU FIND US?

Our goal is to maintain a competitive business whereby our advertising dollars are spent judiciously. We appreciate your taking a few moments to complete this form that we may know how you came to seek our services. Thank you.

**I. Personal Referrals: Write in name of person who referred you:**

1. Family – Name \_\_\_\_\_
2. Friend – Name \_\_\_\_\_
3. Attorney – Name \_\_\_\_\_
4. CPA or Financial Consultant - Name \_\_\_\_\_
5. Other Professional -- Name \_\_\_\_\_

**II. Indicate the number that applies:**

1. Drive By: \_\_\_\_\_

2. Internet:

- \_\_\_ [www.burrowsatlaw.com](http://www.burrowsatlaw.com)
- \_\_\_ lawyer.com
- \_\_\_ Google
- \_\_\_ Email Marketing
- \_\_\_ Facebook
- \_\_\_ Live Chat
- \_\_\_ Other (Please state): \_\_\_\_\_

3. Print Ads:

- \_\_\_ Lewisville Leader
- \_\_\_ Denton Record Chronicle
- \_\_\_ Flower Mound Living
- \_\_\_ Postcard Direct Mail
- \_\_\_ Lantana Living Magazine
- \_\_\_ Cross Timbers Gazette