



**NEW COMPANY INFORMATION FORM**

Rev. 11/08

Name of Corporation: \_\_\_\_\_  
Address of Corporation: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Overnight Delivery Company/Account Number: \_\_\_\_\_  
Website address: \_\_\_\_\_

*Please be advised, Corporate Stock Transfer, Inc. requires all informational requests (i.e. Shareholder lists, certificate activity, etc.) to be submitted with an authorized signature.*

The parties to be submitted in written form below are the only individuals authorized to receive company information, if at any time in the future these officers change please contact our offices.

CFO: \_\_\_\_\_  
CEO: \_\_\_\_\_  
President: \_\_\_\_\_  
Vice President: \_\_\_\_\_  
Secretary: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Contact Email: \_\_\_\_\_

Corporate Counsel Name: \_\_\_\_\_  
Firm Name: \_\_\_\_\_  
Address of Counsel: \_\_\_\_\_

Counsel Phone: \_\_\_\_\_  
Counsel Fax: \_\_\_\_\_  
Counsel Email: \_\_\_\_\_

If you would like CST to process your monthly payments automatically, please provide credit card information. A receipt will be provided with your monthly invoice. Please be advised if this information changes at any time in the future, it is company's responsibility to notify CST of any modifications.

Credit Card #: \_\_\_\_\_ Exp: \_\_\_\_\_  
CSV # (Found on back of card, last group of numbers in signature box) \_\_\_\_\_  
Billing Contact: \_\_\_\_\_  
Billing Address (if different): \_\_\_\_\_

State of Incorporation: \_\_\_\_\_ Tax ID: \_\_\_\_\_

Authorized Number of Shares  
Common: \_\_\_\_\_ Par Value: \_\_\_\_\_  
Preferred: \_\_\_\_\_ Par Value: \_\_\_\_\_  
Warrants: \_\_\_\_\_ Expire Date: \_\_\_\_\_

Officer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Name (please print): \_\_\_\_\_

Officer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Name (please print): \_\_\_\_\_

*Two Signatures Required*

*Please Print Clearly or Type the Form*