



THE ADANAS LAW FIRM

New Jersey Corporation Order Form

Print this form and Fax to (877) 980-7200 or (201) 592-9198

Date:\_\_\_\_\_ How did you first hear about us?\_\_\_\_\_

Your name:\_\_\_\_\_ Email address:\_\_\_\_\_

Your phone number:( )\_\_\_\_\_ Your fax number( )\_\_\_\_\_

Your address:\_\_\_\_\_

CORPORATE NAME: (Must end with Incorporated, Corporation, Company, Inc., Corp., or Co.)

1st choice:\_\_\_\_\_

2nd choice:\_\_\_\_\_

3rd choice:\_\_\_\_\_

ADDRESS OF CORPORATION: (Please include county)  
\_\_\_\_\_

MAILING ADDRESS:\_\_\_\_\_

REGISTERED AGENT AND OFFICE: \_\_\_\_\_

NATURE OF BUSINESS:\_\_\_\_\_

SHAREHOLDERS: (Only one is required. Foreign Nationals must attach a legible copy of their passports)

	Name	Address	Ownership Interest
1.	_____	_____	_____%
2.	_____	_____	_____%
3.	_____	_____	_____%

(Must add up to 100%)

DIRECTORS:

	Name	Social Security Number	Address
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

OFFICERS:

	Name	Social Security Number	Address
1.	President_____	_____	_____
2.	Vice-President_____	_____	_____
3.	Secretary_____	_____	_____
4.	Treasurer_____	_____	_____