

# Corporation Application

**Owner's Name:**\_\_\_\_\_

**Company Name:**\_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Physical Address:**\_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**SSN:**\_\_\_\_\_

**How did you hear about us?** \_\_\_\_\_.

**You may pay with a credit card, Paypal, Square. If you are paying with a credit card there is a 3.5% convenience fee. There will be a \$25.00 bank fee for returned checks. If you have any questions, please contact our authorities department at (404) 952-8746 or by fax at (678) 374-4421.**

**DAS CONSULTANTS AND TAX SERVICE, INC 1836 ROCKBRIDGE ROAD SW. STONE MOUNTAIN, GA 30087**