

## FORM A CALIFORNIA FAMILY LIMITED PARTNERSHIP BY FAX

Instructions: Please complete and fax this sheet Toll Free: 1 (800) 520-7800 to begin the process of forming your California Family Limited Partnership. Spiegel & Utrera, P.A. will contact you to review your details and to provide answers to all your business formation needs.

### CONTACT INFORMATION

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

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

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

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

### INITIAL FAMILY LIMITED PARTNERSHIP DETAILS

Name of your Family Limited Partnership: \_\_\_\_\_

NATURE OF BUSINESS (Briefly describe what the Family Limited Partnership will do): \_\_\_\_\_

**When we contact you please be sure to have the names, contact information and social security numbers of any additional parties that you would like to be included in the formation of your Family Limited Partnership.**

California Family Limited Partnership \$119.95

Please **CIRCLE** Any Additional Services that you would like to be addressed when consulting with Spiegel & Utrera, P.A.:

- |   |  |
|---|--|
| General Counsel Club & Registered Agent Service       | Lender's Agreement & Promissory Note                         |
| Detours and Contradictions                            | Security Agreement   |
| Charlie's Entrepreneurial Journey                     | Perfecting the Lien Created by the Security Agreement –      |
| Service Agreement                                     | Uniform Commercial Code                                      |
| Mail Forwarding Service                               | Limited Partners Restrictive Agreement                       |
| Non-Voting Limited Partnership Interest               | Limited Partner Divorce Protection Provisions in the Limited |
| Business Checking, Investment Account and             | Partners Restrictive Agreement                               |
| Delayed Debit Gold MasterCard                         | General Partners Restrictive Agreement                       |
| Federal Tax ID Number                                 | General Partner Divorce Protection Provisions in the General |
| D & B Number  | Partners Restrictive Agreement                               |
| Individual Taxpayer Identification Number (ITIN)      | Family Limited Partnership Agreement                         |
| California New Hire Reporting                         | Family Limited Partnership Management Agreement              |
| California Sales Tax Number                           | Home Office Lease  |
| California Unemployment Tax Account Number            | Motor Vehicle Lease  |
| California Retailer's Resale & Exemption Certificates | Office Equipment Lease                                       |
| One Time Use of Spiegel & Utrera, P.C. Address        | Employee Benefits and Policies                               |
| Limited Partner Indemnification Agreement             | Employment Agreement   |
| General Partner Indemnification Agreement             | Independent Contractor Agreement                             |

**Remember to visit [www.Amerilawyer.com](http://www.Amerilawyer.com) for a complete list of services.**

### SPEED OF SERVICE

Please **CIRCLE** the Speed of Service in which you would like to receive your order:

NO RUSH - Please provide me with your regular 2-4 week service.

10 DAY - Please provide me with a 10 Day Family Limited Partnership

5 DAY - Please provide me with a 5 Day Family Limited Partnership

2 DAY - Please provide me with a 2 Day Family Limited Partnership

### SHIPPING DETAILS

Limited Partnership Packages may be shipped to you via Regular (2-3 day) Service, via Overnight Delivery or may be picked up at anyone of our office locations.

### PAYMENT OPTIONS

After we review your order, how will you be paying for this service? Please provide payment information. **Please note NO charges will be processed until you are contacted by Spiegel & Utrera, P.A.**

Credit Card: \_\_\_ VISA \_\_\_ MasterCard \_\_\_ American Express \_\_\_ Discover \_\_\_ PayPal \_\_\_ Western Union

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Card ID Number: \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_

Billing Address on Credit Card: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

To place this order online please visit us at [www.AmeriLawyer.com](http://www.AmeriLawyer.com)