



Partnership Application

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APPLICANT INFORMATION

Company Name:

EIN#

D.B.A. Name:

Owner's Full Name:

Co. Formation:

SSN#

Street Address:

Phone No.

Cell Phone No.

City, State, Zip

Best Call Time:

Website/Landing:

E-Mail:

Month & Year Business Open:

How Many Locations:

States Locations are Located:

PROFESSIONAL REFERENCES (2 REQUIRED)

Company Name:

Phone Number:

Street Address:

Extension:

Fax Number:

City, State, Zip:

Contact Name:

Years & Months Account has Been Open:

Company Name:

Phone Number:

Street Address:

Extension:

Fax Number:

City, State, Zip:

Contact Name:

Years & Months Account has Been Open:

Provide Description of Partnership Applying for:

Service Application Disclaimer and Acknowledgement

I certify that the information contained in this application is correct to the best of my knowledge. I understand that to falsify information in this application will result in immediate disposal of this application. If falsified information is discovered after any Partnership has been started, any and all binding agreements can and will be terminated by the Rose Business & Accounting, LLC. at the Partner's expense.

I authorize any person, organization or company listed on this application to furnish you any and all information concerning my Companies, Businesses, or Locations.

Printed Full Name:

Signature:

Date: