

NEED LEGAL ASSISTANCE – FILL OUT THIS FORM Name of advisor: _____

email to: submissions@lendinero.com (subject: legal assistance)

Company Information

Business Name / Nombre del Negocio	Business Phone Number	Tax ID (FEIN/EIN Number)
Business Address	City	State
Business Start Date / Fecha Inicio del Negocio	\$	Zip
	Monthly Business Revenues / Ingresos Mensuales	

Owner Information

Officer 1 First Name / Last Name	Social Sec. #	Ownership %
Date of Birth	Cellular Number	
Home Address	City	State
		Zip Code
Officer 2 First Name / Last Name	Social Sec. #	Ownership %

Please describe the legal issue you are facing or that you may face? Por favor describa el asunto legal que tiene o que pudiera enfrentar:
