

Client interview checklist for a Nonprofit Corporate Outfit

Instructions

This Adobe PDF form for ordering a Nonprofit Corporate Kit (also called Outfit) lets you fill in the form onscreen or print it and fill it out by hand. You can submit the form to Lawyer’s Aid by email, by printing and faxing, or by phone. The form can be saved on your computer, copied, and reused.

The electronic version of the checklist features key questions. Answering key questions (those with a ⇨) makes other appropriate questions become active for you and shows active blue boxes. Also, useful tips pop up when your mouse hovers over many of the blanks.

Each Nonprofit Kit contains bylaws, minutes, embossing seal, tax guidance, and extensive forms on archive bond paper. The black vinyl three-ring binder shows the company name in gold on its spine, and stores in a matching dust-proof slipcase. In the Deluxe Kit (for attorneys only), all text is custom-typed with your information seamlessly filled in. The Standard Kit comes with blanks to fill in.

A. Checklist for Nonprofit Corporate Outfit

- ⇨ 1. Type of Nonprofit Corporate Outfit:
 - Deluxe Customized (for attorneys only): **Fill in all items. (Items 4-13 can be left blank.)**
 - Standard: **Fill in items 1-3 only.**

- 2. Corporate name. Use exact punctuation, capitalization, and spacing.

- ⇨ 3. The company will be governed by its:
 - Directors, but has members Directors, and has no members Members

- 4. Registered agent and registered office (PO box not allowed. If rural, street description plus PO box is allowed.):
 - Registered agent: _____
 - Registered office street address: _____
 - Registered office city: _____ State: TX Zip code: _____

- 5. Initial directors (for member-controlled nonprofits, leave blank and skip to item 6)
 - Number of initial directors (at least 3): _____
 - Names: _____

- 6. Initial principal place of business of the corporation (complete street address is best):

- 7. Organizational meeting: Date: _____ Time: _____ City: _____
 - Chair: _____ Secretary: _____

- 8. Officers: Pres.: _____ Sec.: _____
 - VP: _____ Treas.: _____
 - Other (name and title): _____

- 9. Names of initial members, if any: _____

10. Banking resolution (optional, but required by many banks):

a. Name and address of bank selected as company depository:

b. Name and title of each person to be authorized to draw on company accounts:

11. Any custom clauses attached (\$15 fee)? No Yes, add to: Bylaws Minutes

12. Formation date (if known): _____ Filing number (if known): _____

13. Blanks (for attorney or client to fill in) to be indicated by: underlines (default) spaces

B. Order form, prices, and contact information

Prices include all sales tax and mail/shipping costs. Prices may change without notice.

1. To order, select the services and outfit desired:

Deluxe Customized Nonprofit Outfit

Seamlessly typed documents and forms customized with your company name in every title and footer with your custom information filled in. Outfit includes an embossing seal, minutes, bylaws, forms, binder and slipcase.

Customized Outfit for nonprofit \$92

Standard Nonprofit Outfit

Like Customized Outfit, but with blanks in the preprinted text for you to fill in.

Standard Outfit for nonprofit \$57

Long name on Nonprofit Outfit

40+ characters in company name.....\$10

Custom clause on Nonprofit Outfit

Custom clause text or documents attached or entered into Section B on page 2\$15

Federal Express service:

Call (888) 474-2112 for options .. Add \$ _____

2. Total for the above outfit and add-ons selected

\$

3. Submit to Lawyer’s Aid Service:

Email to maindesk@LawyersAidService.com

Print and fax to (888) 474-4218

Call (888) 474-2112 to place your order

4. Submit simultaneous payment:

By credit card via online portal: www.LawyersAidService.com/Payment

Or mail to: Lawyer’s Aid Service
PO Box 848
Austin, Texas 78767-0848

Guarantee

Unless you are thoroughly satisfied with your Corporate Outfit, Lawyer’s Aid Service will replace it or send you a full refund.

Attorney’s name: _____ Phone: _____

Contact name: _____ Phone: _____

Firm name: _____ Fax: _____

Street address: _____

City: _____ State: _____ Zip: _____ Country: _____

Email: _____ Type or sign your name below to confirm you are sending simultaneous payment (required)

C. Your further instructions

Use this box to:

- Enter any special instructions you have about this order, including overflow text, special clauses, or queries about other services.
- Share your comments, complaints, or suggestions. How can we make things better?
- Tell us how to contact you about this order, if you have a preference.
- Let us know how you heard about Lawyer's Aid. An ad? A person?

If, when faxing or mailing in the form, any text overflows the box, please attach it.

Instructions box: