bapos

Bay Area Point of Sale, Inc.

Company Profile Sheet

Business/DBA Name: _____

Street Address: _____

City: _____

State: _____

Zip: _____

Business Phone: _____

Corporate/Legal Name: _____

Tax ID: _____ Date Started: _____

Business Type: ☐ Sole Prop ☐ LLC ☐ S Corp ☐ C Corp ☐ Govt ☐ 501C/Non Profit

Legal & DBA Address is same? ☐ Check box if yes - If no, fill out address info below

Street Address: _____

City: _____

State: _____

Zip: _____

Owner Name: _____

Owner SSN: _____

Owner Date of Birth: _____

Owner Home Street Address: _____

Owner City: _____

Owner State: _____

Owner Zip: _____

Owner Phone: _____

Owner Email: _____

Notes: _____

****Please send this form, a pic of owner's driver's license,**

and voided check where deposit will go to

bapos.tech@gmail.com