



**InfotaxSquare** **com** <sup>®</sup>

Incorporate. LLC. Income Taxes. Business Taxes



Online Live Customer Support  
Available 24/7

TOLL FREE  
**1-866-754-4460**  
FAX:  
**718-732-2471**

## HOME IMPROVEMENT LICENSE

|  |  |
|--|--|
|  |  |
|  |  |

Please complete the requested information below for your Home Improvement License. Infotax Square representative will begin processing your order upon receipt of payment.

### PERSONAL INFORMATION

First, Middle, Last Name: \_\_\_\_\_

Social Security Number or Employer ID Number: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Residence Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Is the above your mailing address:      Yes      No (If No, please provide your mailing address below):

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

### BUSINESS OVERVIEW

Entity Name: \_\_\_\_\_

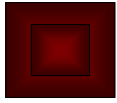
Date of Formation: \_\_\_\_\_ (mm/dd/yyyy)

State of Formation: \_\_\_\_\_

Entity Address: \_\_\_\_\_  
(if different from above)

City, State, Zip: \_\_\_\_\_

- |   |             |
|---|-------------|
| ✚ Have you ever been licensed by the New York City Department of Consumer Affairs (DCA)?  | YES      NO |
| ✚ Have you ever had a DCA license denied, suspended, or revoked. If YES, provide the license number(s) involved: _____          | YES      NO |
| ✚ Have you been found guilty or pending charges against any crime or offense  | YES      NO |
| ✚ Is there any civil charge (including an administrative charge) pending against you that relates to a business you engaged in? | YES      NO |



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### ORDER INFORMATION

|  |                      |  |
|--|----------------------|--|
|  | <b>Total Amount:</b> |  |
|--|----------------------|--|

### CARDHOLDER INFORMATION

Check (payable to INFOTAX SQUARE): Mail to: 109-13 Centerville Street, Suite 3R, Ozone Park, NY 11417  
CREDIT CARD: This authorizes Infotax Square to charge my credit card for Home Improvement License.



Card Type:                      Visa                      Master Card                      American Express                      Discover

First, middle, last Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone, Fax: \_\_\_\_\_

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

Country: \_\_\_\_\_

### General Comments / Instructions:

### TERMS OF USE AGREEMENT & DISCLAIMER ( Click Here For Online )

The undersigned hereby represents and warrant that he/she duly authorizes Infotax Square to charge his/her credit card for the above services rendered.

\_\_\_\_\_  
Name / Signature

**Official Use Only** - Prepared by: \_\_\_\_\_

**You can mail the form at:**

Infotax Square  
109-13 Centerville Street, Suite 3R  
Ozone Park, NY 11417  
**Fax at: 718-732-2471**

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**\*Important: Please save the form before submitting**