

# Figieroux & Associates

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## Client Contact Information

Corporation Name:	<input type="text"/>				
Trade name your business operates under:	<input type="text"/>				
Business Address:	<input type="text"/>				
City:	<input type="text"/>	State:	<input type="text"/>	Zip:	<input type="text"/>
Telephone:	<input type="text"/>	Fax:	<input type="text"/>	Website:	<input type="text"/>
Nature of Business:	<input type="text"/>				
Do you use credit applications or personal guaranties? Yes <input type="checkbox"/> or No <input type="checkbox"/>					
If yes, does it conform to the consumer fraud act?: <input type="text"/>					
Do you have signed contracts? Yes <input type="checkbox"/> or No <input type="checkbox"/>					
Contact Person Designated:	<input type="text"/>				
Name of person authorized to sign 'Certificate of Proof' or other legal documents: <input type="text"/>					
Can we correspond via e-mail? If so, please provide the email address to use: <input type="text"/>					
Special Information or Comments:					
<input type="text"/>					