



IC-DISC FORMATION APPLICATION

Please complete the following and fax to 866-676-6794 or email to admin@exportdisc.com

SECTION 1 – Your Current Existing Company Information – (Must be a U.S. Corporation or Sole Proprietorship)

Company Legal Name: _____ Federal Tax ID# / EIN#: _____
 Company Street Address: _____
 City: _____ State: _____ Zip: _____ County: _____
 Primary Contact Person: _____ Title: _____
 Tel #: _____ Fax #: _____ Email: _____
 State of Incorporation: _____ Year-End: _____

Existing Company Tax Entity Type: **Select one:** “C” Corporation “S” Corporation
 Partnership Other: _____

Brief description of principal business, including products with NAICS codes:

Name(s) of Director(s):

Officers:
 President: _____ SSN#: _____
 Secretary: _____ SSN#: _____
 Treasurer: _____ SSN#: _____

SECTION 2 – IC-DISC Formation Information

Suggestions for naming your IC-DISC: “Widget Co” may decide to name their IC-DISC company as follows: “Widget IC-DISC” or “Widget Export Management Co.” or “Widget Global Co.”

Choose a Name on Our Behalf, or

IC-DISC Company Name Desired: (Option 1) _____

If Option 1 Not Available: (Option 2) _____

(If neither name is available we will choose one for you that is close to one of you options or company name.)

IC-DISC Information (Only if different from Existing Company in Section 1)

Company Street Address: _____
 City: _____ State: _____ Zip: _____ County: _____
 Primary Contact Person’s Name: _____ Title: _____
 Tel #: _____ Fax #: _____ Email: _____



Name(s) of Director(s) of the IC-DISC. *(At least one Director is required)*

Officers of the IC-DISC *(Required)*

President: _____ SSN#: _____

Secretary: _____ SSN#: _____

Treasurer: _____ SSN#: _____

IC-DISC Ownership

Note: S-Corps and Flow-Through Entities: Unless ownership of the IC-DISC is desired to be different from that of the Operating Company, we recommend having the Operating Company own the IC-DISC.

C-Corps and California: Ownership must be by individuals.

Choose One

Keep the IC-DISC Shareholder ownership information the same as the Existing Company

Have the Existing Operating Company own the IC-DISC

Make the IC-DISC ownership different than the Existing Operating Company *(Complete Appendix A)*

Are the proposed shareholders currently operating or own an IC-DISC? Yes No
Authorized Common Shares: (select one): Suggested: 2,500 Other *: _____

* Minimum Share Amount: 2,500.

Total Paid-in-Capital of the IC-DISC: (select one) Required Minimum: \$2,500 Other*: _____

* IRS requires a minimum of \$2,500 to capitalize the IC-DISC. Each shareholder/partner of the IC-DISC will write a check to the IC-DISC from their PERSONAL account according to their percentage ownership within 30 days of IC-DISC formation. If the IC-DISC is owned by the operating Company, the capital requirement shall be paid by the operating company.

SECTION 3 – Signatures/Authorization

An authorized signature provides the consent to proceed with your incorporation request for a managed IC-DISC.

Authorized Signature: _____ Title _____

Printed Name: _____ Date _____



APPENDIX A

Please list the current owners of the existing Operating Company **OR** IC-DISC ownership if different than the Operating Company.

Shareholder/Partner Name: _____ %Ownership: _____
Title (If Any): _____ Federal Tax ID# / SSN#: _____
Home Street Address: _____ City: _____
State: _____ Zip: _____ Tel #: _____ Email: _____

Shareholder/Partner Name: _____ %Ownership: _____
Title (If Any): _____ Federal Tax ID# / SSN#: _____
Home Street Address: _____ City: _____
State: _____ Zip: _____ Tel #: _____ Email: _____

Shareholder/Partner Name: _____ %Ownership: _____
Title (If Any): _____ Federal Tax ID# / SSN#: _____
Home Street Address: _____ City: _____
State: _____ Zip: _____ Tel #: _____ Email: _____

Shareholder/Partner Name: _____ %Ownership: _____
Title (If Any): _____ Federal Tax ID# / SSN#: _____
Home Street Address: _____ City: _____
State: _____ Zip: _____ Tel #: _____ Email: _____

Shareholder/Partner Name: _____ %Ownership: _____
Title (If Any): _____ Federal Tax ID# / SSN#: _____
Home Street Address: _____ City: _____
State: _____ Zip: _____ Tel #: _____ Email: _____

Shareholder/Partner Name: _____ %Ownership: _____
Title (If Any): _____ Federal Tax ID# / SSN#: _____
Home Street Address: _____ City: _____
State: _____ Zip: _____ Tel #: _____ Email: _____

Shareholder/Partner Name: _____ %Ownership: _____
Title (If Any): _____ Federal Tax ID# / SSN#: _____
Home Street Address: _____ City: _____
State: _____ Zip: _____ Tel #: _____ Email: _____