DISTRICT REGISTERED AGENT SERVICES, INC.

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CLIENT INTAKE FORM

Please provide all applicable and available information.	
Full Name of Business	
Trade Name/Doing Business As Name, if any	
Type of Business/Reason You Need an Agent	
Name of Contact:	
Mailing Address	
Email Address	
Phone Number(s)	
Fax Number	
Alternate Contact Person	
Alternate Contact Person's Phone Number	
Alternate Contact Person's Email Address	
Other Contact Information/Notes/Requests	
You may mail a check to make your payment or pay via wwww.districtregisteredagent.com	credit/debit card on our website
Our services are limited to: 1) completing and/or executing documents or provide to us or to which you direct us, to the extent that those documents are associated with Washington, DC registered/resident/ge correspondence we receive as your registered/resident/general age government notices, to you. You are therefore responsible for determini by your business to the government, what information to include on those or other fees are. In addition, you must keep us informed of any change can locate you if we need to forward correspondence to you.	uments or applicable portions of those neral agent services; and 2) forwarding ent, including service of process and ng what documents are to be submitted e documents and what the relevant filing
We do not provide legal advice, nor do we review any of your submission another party.	ns or other filings to the government o
I understand and agree to the conditions listed above	
Signature	