



The Strategic Counsel, L.C.
 4805 West Laurel Street, Suite 230
 Tampa, Florida 33607
 (813) 286-1700 Fax (813) 286-3600
 www.yourcorporatecounseladvantage.com

PLEASE FAX COMPLETED APPLICATION TO (813) 286-3600

Application for Your CorporateCounsel Advantage™ Licensing

Contact Information

Name _____

Assistant's Name _____

Firm Name _____

Assistant's Email Address _____

Mailing Address _____

Street Address _____

City, State Zip _____

City, State Zip _____

() _____
 Phone Number (including Area Code)

() _____
 Fax Number (including Area Code)

Email Address _____

Website Address _____

About Your Firm

Years in Practice: _____

Check the Services Your Practice Offers:

Number of Partners: _____

Estate Planning

Asset Protection

Number of Associates: _____

Business Law

Probate/Trust Administration

Total Number of Attorneys in Your Firm: _____

Personal Injury

Family Law

Total Number of Non-Attorney Team: _____

General

Other: _____

Your Comfort Level With Business Law: Very Comfortable

Comfortable

Not Comfortable

About Your Clients

Number of Business Owner Clients You Have: _____

Percentage of Your Clients that are Business Owners: _____

Approximate Number of Incorporations You Do A Year: _____

How Did You Hear About Your CorporateCounsel Advantage™?

Referred By: _____

I am a Member of:

NNEPA

Wealth Counsel

For Our Use Only:

Coach for Life

Atticus

Application Number: _____

Other: _____

Received By: _____ Time/Date: _____

PLEASE FAX COMPLETED APPLICATION TO (813) 286-3600

Additional Information

What is it about the Your CorporateCounsel Advantage™ Law Practice System that interests you?

What is the BIGGEST concern you see with Implementation?

What impact would Your CorporateCounsel Advantage™ have on your practice?

Is there any anything else we should consider regarding your application?

PLEASE FAX COMPLETED APPLICATION TO (813) 286-3600