

Sole Ownership Declaration Form

1. Name of Firm: _____
2. Address of Firm: _____
3. Telephone Number of Firm: _____
4. (a) Name of Person Making Declaration: _____
(b) Telephone Number of Person Making Declaration: _____
(c) Position Held in the Company: _____
5. Is the person identified in Number 4 above, responsible for day-to-day management and policy decision making, including but not limited to financial and management decisions?
() Yes () No If No, provide the name and telephone number of the person who has this authority. _____
7. Nature of Business—Specify major services/products: _____

8. (a) Years the firm has been in business _____ (b) No. of Employees _____
9. Type of Ownership: () Sole Ownership
10. Preferred method of payment:
() ACH (please include voided check for this option)
() Check
11. Preferred payment period
() Daily
() Weekly
() Contract completion
() Other _____
12. I declare that the forgoing statements concerning _____ (name of business) are true and correct to the best of my knowledge, information, and belief.

Name/Title

Signature

Date