CERTIFICATE OF SOLE PROPRIETORSHIP

Complete the following fields to confirm that you are the sole proprietor of the entity for which you wish to open an account.

ACCOUNT INFORMATION		
ACCOUNT NUMBER:		
CERTIFICATION		
Please be assured that I,	(Print Name)	, am maintaining account num
(Account Number)	_ on your files at Pershing,	, on behalf of(Sole Proprietorship)
and that I am acting as the President, Vic	e President, Secretary, and T	Treasurer of(Sole Proprietorship)
and that no other party has or will have a	an interest in this account. I	I have full authority to do all acts and execute s
documents as required on behalf of the	sole proprietorship in con	nnection with the account. I am and shall rem
financially responsible for all activity in th	is account and shall fully ind	demnify and hold you harmless for any loss, debt
obligation of this account.		
SIGNATURE		
PRINT NAME:		
SIGNATURE:		DATE:
SOCIAL SECURITY NUMBER:	or TAXPAY	YER IDENTIFICATION NUMBER

