

Jackson Housing Commission

PROFILE

1. Name of Business: _____
2. Street Address: _____
3. Mailing Address: _____
4. City, State, Zip Code: _____
5. Type of Ownership: _____
6. Phone Number: _____ fax: _____
7. Year Established: _____
8. Parent Company: _____ Date Acquired: _____
9. Identify Principals/Partners/Sole Owner: attach brief resume

10. Federal Tax ID No: _____
11. DUNS No.: _____

Signature

Date

Print Name/Title