



Revenue Certification Form

This form must be signed by one of the following willing to attest to the accuracy of the information included on the form: a Certified Public Accountant, a Chartered Financial Analyst, a Certified Management Accountant, or an attorney. The certifier may work at the applicant firm or be independent of it as long as their credentials are current and in good standing.

Name of firm applying for the 2009 Inc. 500|5000:

Please use the name under which the company does business.

CEO Name:

CEO Signature:

Revenue for calendar 2005:

Revenue for calendar 2008:

\$ _____

\$ _____

Please make these figures precise down to the dollar, or rounded to the nearest thousand at the greatest.

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I hereby affirm that the revenue figures stated above are accurate based on the best information available to me

Certifier Name:

Name of Certifier's firm:

Certifier phone number:

Certifier e-mail:

Signature:

Date:

The certifier provides the following service(s) for the applicant firm: Audit ____ Review ____ Compilation ____

Other services (please describe, or describe relationship to applicant firm): _____

Please save this form as a pdf file and e-mail it to Inc5000Backup@inc.com, or fax it to 646-304-3157.

Questions? Call 800-248-0308 or e-mail feedback5000@inc.com.

www.inc5000apply.com

Inc. reserves the right to ask for further substantiation of claimed revenue.

This document will be kept on a secure password-protected server available only to the Inc. 500|5000 Revenue Verification Team.