Larsen & Associates

Bookkeeping • Tax Preparation • Incorporation • Financial Planning

"Handling All Your Financial Needs"

Driver_____
First MI Last

ID#_____ Truck Number_____

Address_____

City_____State_____Zip Code_____

Phone Number_____Social Security #_____

E-Mail Address_____Date of Birth_____

I hereby apply to participate in the Larsen and Associates, Inc. accounting program for Werner Owner Operators. The services will include a monthly financial statement, estimated tax payments, tax preparation and tax and business consulting. By my signature below, I agree to allow Larsen and Associates, Inc. to escrow for taxes, to pay taxes on my behalf and to receive the monthly accounting fee from Werner Enterprises, Inc. I understand that if I am no longer leased to Werner Enterprises, Inc. my participation in the Larsen and Associates, Inc. accounting program will be cancelled, unless I contact Larsen and Associates, Inc. and let them know otherwise. This engagement is to remain in effect until revoked by me in writing.

SIGN HERE

X Signature of Client_____

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