GILMORE SERVICES
We Do It All For You!
Moving • Records Management • Shredding

31 EAST FAIRFIELD DRIVE
PENSACOLA, FLORIDA 32501
PH: (850) 434-1054
FX: (850) 433-9520

DATE_____

AUTHORIZED PERSONNEL

ACCT # |__|__|__|__|__|__|__| **CLIENT NAME** _____

PICKUP ADDRESS _____ **BILLING ADDRESS**_____

CITY _____ **STATE** _____ **ZIP**_____ **CITY** _____ **STATE** _____ **ZIP**_____

PHONE NUMBER: _____**EMAIL ADDRESS**:_____

NAME (LAST, FIRST, M.)	SIGNATURE

I, _____acting as representative for _____ do hereby understand the meaning of the Authorized Personnel form and agree to maintain the integrity of this form.

It is understood, and strictly enforced by Company that only those individuals listed above will be authorized to request access to corporate records.

Any additions, deletions, name changes must be submitted to Gilmore Services in writing by the client representative. Changes may require a 48-hour verification period prior to use.

_____ _____

Client Representative Signature Date

ORIGINAL COPY KEPT BY GILMORE SERVICES
COPY PROVIDED TO CUSTOMER UPON REQUEST