

## Company Authorized Representative Form

This is to certify that I, \_\_\_\_\_ (Name), authorized to act on behalf of \_\_\_\_\_ (Company), do hereby grant permission to \_\_\_\_\_ (Authorized Representative Name) at \_\_\_\_\_ (Company Name) to make any and all decisions, including but not limited to: financial, billing, orders, opening/ closing accounts, and any changes for goods and services from Advanced Security LLC. This Authorization will apply to all accounts under this company name and will grant the authorized representative full access to act on your behalf.

I understand that I may revoke all of this authorization at any time by giving written notice of my revocation to the Advanced Security LLC at the address listed at the bottom of this form.

This authorization and consent shall be valid in original, fax, digital, scan or copy form.

### AUTHORIZATION GRANTED BY:

Authorized Company Representatives Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company Name: \_\_\_\_\_ Date: \_\_\_\_\_

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