



CLIENT AUTHORIZATION FORM

- CONFIDENTIAL -
NOT FOR DISTRIBUTION

Account Name: _____ Account Number: _____ Address: _____ City: _____ State: _____ Zip: _____ Department Name: _____ Department Code: _____	<u>OPTIONAL ACCOUNT PASSWORD</u> _____ (10 Characters Max)
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AUTHORIZED PERSONNEL

The following persons listed below are authorized to have access to the goods and services associated with this account:

	<u>Printed Name</u>	<u>Signature</u>	<u>Daytime Phone</u>	<u>Evening Phone</u>	<u>Administrate this list?</u>	<u>Authorize Destruction?</u>
1	_____	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
2	_____	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
3	_____	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
4	_____	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
5	_____	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
6	_____	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
7	_____	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
8	_____	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

Customer Name (Printed)

Chicago Records Management Name (Printed)

Customer Signature

Chicago Records Management Signature

Date

Date