EasyCorp UK Ltd
On time, Everytime, Guaranteed

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DATE_____

AUTHORISED PERSONNEL

ACCT # |__|__ _|_ |_ |_ | _ | CLIENT NAME

ADDRESS (1) _____ ADDRESS)_____

CITY _____ _____ County _____ Post Code _____

AUTHORISED PERSONNEL:

NAME (LAST, FIRST, M.)	SECURITY CODE	SIGNATURE
CLIENT REPRESENTATIVE		

I, _____acting as representative for_____
do hereby understand the meaning of the Authorised Personnel form and agree to maintain the integrity of the designated security codes.

It is understood, and strictly enforced by EasyCorp UK Ltd. that only those individuals listed above will be authorised to request access to corporate records.

Any additions, deletions, or security code changes must be submitted to EasyCorp UK Ltd in writing by the client representative. All changes require a 48-hour verification period prior to use.

_____ _____
Client Representative Signature DATE

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