

MASTER AUTHORIZATION FORM
400 N. Brand Boulevard

COMPANY NAME: _____

SUITE # _____

EFFECTIVE DATE: _____

BILLABLE SERVICE AUTHORIZATION:

Names of those authorized to request and sign service invoices for billable service (e.g., after hours air conditioning, engineering service, lock and key requests, signage request, janitorial services, special cleaning, excessive trash removal, construction orders etc.)

Name(s) and Signatures

_____	_____
_____	_____
_____	_____

Signature by one of the above person on a service invoice constitutes AGREEMENT BY:

_____ to pay for the services provided.
(Company Name)

*If you do not wish for all suite occupants to have authorization to request after hours air conditioning, please circle: YES NO (If marked "NO" then only those listed above will have approval.)

KEYS/ LOCKS:

Name(s) and signatures of those authorized to request and sign forms for key/lock request:

_____	_____
_____	_____
_____	_____

ACCESS:

Name(s) and signatures of those authorized to request and sign forms for security clearance (e.g. After hours access, property removal passes, etc.)

_____	_____
_____	_____
_____	_____

Please list the number of employees you currently have in your office: _____

Please list the main contact for your Company:

Please complete and return to the Cushman & Wakefield Management Office