

Resubmit on first move-in date.

Issued: _____

Account Authorization

Please complete this form and indicate the party/parties your firm authorizes to make modifications to existing services, labor, equipment and room set orders.

Event Name: _____

Event Dates: _____

Company Name: _____

Client Contact: _____

Phone Number: _____

All requests must be authorized in advance prior to performance of service – at the time of request.

Printed Name: _____

Signature: _____

Authorized Representative: *

Authorized Representative: *

Authorized Representative: *

Authorized Representative: *

- Authorized parties will sign off on specific quote via work order.

Your signature authorizes the above representatives **only** to request services.

Authorized Signature: _____

Dates: _____

Acknowledgement Signature: _____

Dates: _____
