



Telephone Number: 973-395-2660
Fax Number: 973-867-3654

Authority for Access Form (List of Authorized Representatives)

Date: _____

This shall be considered authorization for the following named individuals to have access to the contents held in the account of:

Client Name _____ Client Account # _____

Client Address _____ Phone # _____

At **American Archiving & Shredding LLC** these same individuals shall be considered having authority to order any and all disposition of the contents of this account by personal access, telephone, or written request until further written notice.

Printed Name _____ Signature _____

Printed Name _____ Signature _____

Printed Name _____ Signature _____

Printed Name _____ Signature _____

This Authorization Must be signed by an Officer of the Company

Check One:

This is in addition to any previous authorization(s)

This voids any and all previous authorization(s)

Print Name _____ Signature _____ Title _____ Date _____

This document is confidential and contains the names of those individuals who are authorized to access any and all records stored at American Archiving & Shredding LLC. This information is intended only for the use of those individuals. Do not copy or distribute. To maintain security of your records please notify us immediately of any and all changes using the enclosed form.