



31 East Fairfield Dr.
Pensacola, FL. 32501
(850) 434-1054
Fax (850) 434-1056
www.gilmoreservices.com

DATE _____

AUTHORIZED PERSONNEL

ACCT # CLIENT NAME _____

PICKUP ADDRESS _____ BILLING ADDRESS _____

CITY _____ STATE _____ ZIP _____ | CITY _____ STATE _____ ZIP _____

PHONE NUMBER: _____ EMAIL ADDRESS: _____

NAME (LAST, FIRST, M.)	SIGNATURE

I, _____ acting as representative for _____ do hereby understand the meaning of the Authorized Personnel form and agree to maintain the integrity of this form.
It is understood, and strictly enforced by Company that only those individuals listed above will be authorized to request access to corporate records.
Any additions, deletions, name changes must be submitted to Gilmore Services in writing by the client representative. Changes may require a 48-hour verification period prior to use.

_____ Client Representative Signature Date _____