AUTHORIZED SIGNER AGREEMENT FORM

(PLACE ON YOUR COMPANY LETTERHEAD OR ATTACH A BUSINESS CARD)

RETURN METHODS: DROP OFF IN PERSON, MAIL - ATTN: DARCEY HOLMBERG OR COLOR SCAN/EMAIL TO SECURITY@MSPMAC.ORG

DAT	'E:	DI	ESIRED CLASS D	DATE:		
CON	MPANY NAME:					
PRII	NTED NAME:		SIGNATU	RE:		
SE	CTION B This section	n is to be completed l	by the person ap	polving to beco	me an authorized sign	er for the company.
	JLL LEGAL LAST NAME	-	ULL LEGAL FIRS		-	
1)	NICKNAME OR PREFEF					
2)	WILL YOU BE THE					(CHECK ONE).
	(Each company may on	ly have one primary si	gner, other signe	ers would be co	nsidered secondary)	
3)	Are you currently in pos	ssession of a MSP Bad	ige? 🛛 YES	D NO	Badge #	
4)	Are you replacing an ex	sting Authorized Sign	er? 🛛 YES	□ NO (If no,	skip to Line 6)	
	Provious Authorized Sid	gner's Name				
	i levious Autionzeu oli					
	TITLE/POSITION WITH					
5)	TITLE/POSITION WITH	THE COMPANY				
5)	TITLE/POSITION WITH	THE COMPANY				signers).
5) 6)	TITLE/POSITION WITH TEMAIL ADDRESS (Each signer must prov	THE COMPANY : ide his/her own email a	address. We can	not list the san	ne email for both or all s	
5) 6) РНО	TITLE/POSITION WITH	THE COMPANY : ide his/her own email a EXT	address. We can _FAX	nnot list the san	ne email for both or all s	
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