



GREENLAW

2050 Main Street
Signature Authorization
Emergency Contact Information Form

Company Name: _____ Suite #: _____
Telephone Number: _____ Fax Number: _____

General Contacts:

Office Manager/ Contact: _____
Phone: _____ Email: _____
Alternate Office Contact: _____
Phone: _____ Email: _____
AP Contact: _____
Phone: _____ Email: _____

Signature Authorization for Billable Expenditures: Names of those authorized to sign service invoices for billable expenses, after-hours access, access card & key requests, etc.

NAME-Please Print

SIGNATURE

_____	_____
_____	_____
_____	_____
_____	_____

Note: Signature by one of the above persons on a service invoice constitutes agreement by your company to pay for services.

Emergency Contacts:

Please list below, in order of priority, the names and home, and/or cellular telephone numbers of persons we may contact, at our sole discretion after hours in the event of an emergency.

	NAME – Please print	HOME #	CELLULAR #
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

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

Name: _____ Signature: _____ Date: _____

This form will be kept in the Office of the Building for reference checking of signatures on billable requests and for after-hours/emergency contact information. Your home phone numbers are confidential and will only be used in the event of emergency or for after-hours information. **Please complete this form and email back to michele@greenlawpartners.com.**