



WILLIAMS RECORDS MANAGEMENT
 1925 EAST VERNON AVENUE
 LOS ANGELES, CA 90058
 (323) 234-3453 FAX (323) 233-5451
 WWW.WILLIAMSRECORDS.COM

Authority For Access

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 No. _____

Client Address: _____ City: _____ State: _____ Zip Code: _____

at Williams Records Management. These same individuals shall be considered having authority to order any and all disposition of the contents of this account by personal access, telephone, facsimile, email, internet-based system or written request until further written notice.

ADD THE FOLLOWING:

(Printed First Name) (Printed Last Name) (Email) (Direct Telephone) (Password, up to 10 characters) (Signature)

(Printed First Name) (Printed Last Name) (Email) (Direct Telephone) (Password, up to 10 characters) (Signature)

(Printed First Name) (Printed Last Name) (Email) (Direct Telephone) (Password, up to 10 characters) (Signature)

(Printed First Name) (Printed Last Name) (Email) (Direct Telephone) (Password, up to 10 characters) (Signature)

(Printed First Name) (Printed Last Name) (Email) (Direct Telephone) (Password, up to 10 characters) (Signature)

(Printed First Name) (Printed Last Name) (Email) (Direct Telephone) (Password, up to 10 characters) (Signature)

VOID THE FOLLOWING:

(Printed First and Last Name)

(Printed First and Last Name)

(Printed First and Last Name)

(Printed First and Last Name)

(Printed First and Last Name)

(Printed First and Last Name)

(Printed First and Last Name)

(Printed First and Last Name)

(Printed First and Last Name)

THIS AUTHORIZATION MUST BE SIGNED BY AN OFFICER OR AUTHORIZED MANAGER OF THE COMPANY

AUTHORIZED BY:

(Print Name) (Signature) (Title) (Email) (Direct Telephone) (Date)

This document is confidential and contains the names of those individuals who are authorized to access any and all records stored at Williams Records Management. 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 this form. Changes become effective 24 hours after receipt of Original Copy.