





To avoid the risk of unauthorized purchases on your account, we ask that you complete the following and return it to us.

Dear Vendor:		
Ι,	, do her	eby certify that in my capacity
as	of	the
following employees are aut	horized to purchase materi	als on our account.
The following is a list of emp	ployees authorized to pick	up materials:
NAME	DRIVI	ERS LICENSE
Any additions or deletions to	this list must in writing, fa	ax or email.
Thank you for your cooperat	ion.	
Date:		