



## MANI BROTHERS MASTER AUTHORIZATION FORM

COMPANY NAME: \_\_\_\_\_ SUITE # \_\_\_\_\_

### **BILLABLE SERVICE AUTHORIZATION:**

Names of those authorized to request and sign service invoices for billable services (e.g., freight elevator reservations, after-hours air conditioning, engineering services, janitorial services, special cleaning, excessive trash removal, construction order, etc.):

\_\_\_\_\_  
\_\_\_\_\_

Signature by one of the above persons on a service invoice constitutes AGREEMENT BY \_\_\_\_\_  
to pay for the service(s) provided. (Company Name)

### **KEYS/LOCKS:**

Name(s) of those authorized to request and sign forms for key/lock request:

\_\_\_\_\_  
\_\_\_\_\_

### **ACCESS:**

Name(s) of those authorized to request and sign forms for security clearance (e.g., after-hours access, property removal passes, etc.)

**NOTE: All valid key cardholders have authority to sign people into the building.**

\_\_\_\_\_  
\_\_\_\_\_

### **KEY CARD ACCESS REQUESTS:**

Name(s) of those authorize to request and sign forms for new key cards and/or card changes:

\_\_\_\_\_  
\_\_\_\_\_

### **EMERGENCY CONTACTS:**

Please list below in order of priority the names and home phone number of persons we may contact, at our sole discretion, after hours, in case of emergency:

\_\_\_\_\_  
\_\_\_\_\_

Please list the number of employees you currently have in your office: \_\_\_\_\_

The representatives from (company) \_\_\_\_\_ listed above are authorized to sign for those services as indicated.

\_\_\_\_\_  
Name (Typed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Please return via fax to (310) 777-5010 or email to [mail@manibrothers.com](mailto:mail@manibrothers.com)