

Authorization Form

Customer Name			
Department			
Contract Start Date		Contract End Date	

Types of Service:			
<input type="checkbox"/> Scanning / Digitization	<input type="checkbox"/> Storage	<input type="checkbox"/> Collection and Delivery	<input type="checkbox"/> Document Destruction
<input type="checkbox"/> Cheque Management	<input type="checkbox"/> Others (please specify)		

User(s) Details:					
Name	Department	Designation	Email	Mobile / Landline Number	Signature

Default Delivery / Collection Physical Address:

[Customer Name] hereby confirms that the above users are authorized representatives appointed by the Customer to interact with Iron Mountain to avail the services provided under the Services Agreement entered into between the Customer and the Supplier (as such terms are defined in the Services Agreement) and such interactions shall be at the sole liability of the Customer.

Customer Authorized By: (Name and Signature)		Supplier Representative (Name and Signature)	
Date:		Date:	
Designation:		Designation:	