

Authorization To Perform Work

Today's Date: _____ Client Company Name: _____

I _____ (company Principal or Officer) authorize Architect's Security Group, Inc. to begin work on the following project or existing project change order:

Project Name: _____

Client's Project Reference or PO Number: _____

Change Order Reference Number, if any: _____

Is this a new project _____ or a change to an ongoing project _____ already authorized?

The scope of work, fees, expenses, and terms are as defined in the following document or proposal:

Check here if you have seen and agree to the terms in this referenced document. _____

Will Architect's Security Group receive any further documentation such as a signed agreement, contract, spreadsheet summary of scope and authorized fees and expenses, etc.? _____

When: _____ What: _____ Please attach if possible.

To whom do we address invoices? Do not leave this section blank.

Name: _____ Title _____

Company: _____ Phone: _____

Address: _____

Address: _____

City: _____ State: _____ ZIP: _____

No work will be performed until this form is completed in full, signed and delivered to Architect's Security Group, Inc. Our professional liability insurance requires that this form be in our possession with all referenced documents before this job is covered by our policy.

Signature of Authorizing Principal or Officer

Print Name

Date

Architect's Security Group, Inc. 555 W. Granada Blvd. Suite G-4 Ormond Beach, FL 32174
(386) 673-5034 FAX: (386) 673-5208 accounting@stevekeller.com