



818.562.1258: office | 818.562.1270: fax
info@indieDCP.com

Personnel Authorization Form

Company Name _____

Address _____

Telephone _____

Facsimile _____

- My Company will issue Purchase Orders for all products and/or services ordered from indie DCP.
- My Company will utilize Authorized Personnel to order products and/or services from indie DCP.

The following individuals are authorized by my Company to order and/or sign for products and/or services provided by indie DCP.

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

Signature	Title	Date
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Print Name