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|  | **Authorized Account Users** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Account:** |  | **Date:** |  |

|  |  |  |
| --- | --- | --- |
| I |  | authorize the below members of my team to request |

and/or schedule disposal services with BullBag Corporation. I understand that I am responsible to notify BullBag Corporation and its staff of change to this list and that they will not deviate from this list unless I provide permission and instructions in writing via **service@thebullbag.com.**

**Employee Position / Title Phone Email**

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I further authorize the below listed individual to act on my behalf and make decisions in my absence should I not be reachable by telephone, text or email.

*(Not necessary if you prefer not to authorize someone)*

**Authorized Employee Position / Title Phone Email**

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|  |  |  |  |

**Authorized Signature**

|  |  |
| --- | --- |
| Print Name |  |
| Title |  |
| Date |  | Initial |
| Sign & Initial |  |  |

I agree that the signature and initials typed in above will be the electronic representation of my signature and my initials for all purposes when I use them on documents or legally binding contracts. Just the same as pen-and-paper signature or initial.

|  |
| --- |
| 102416 |

BullBag Corporation, 8 Rt. 80, Killingworth, CT 06419 - Phone (866) 414-BULL - www.thebullbag.com