



# LASER SIGNATURE FORM

Client Name: \_\_\_\_\_ Client ID: \_\_\_\_\_

**PLEASE SIGN WITHIN THE BOUNDARIES** for the appropriate boxes. All 3 boxes must be filled out. For double signatures, BOTH signatures must be included all 3 times. Sign as neatly as possible for a clear signature.

### USE BLACK INK ONLY

All three boxes must be signed and all 3 boxes must have both signatures if necessary.

	1.	
	2.	
	3.	

It is not recommended to fax signatures. Please complete this form and send the original to our address below. Turnaround time is approximately 3 business days.

TODAY'S DATE: \_\_\_\_\_

EFFECTIVE DATE FOR SIGNATURE: \_\_\_\_\_

CHECK TYPE: \_\_\_\_\_