



CUSTOMER'S SPECIMEN SIGNATURE FORM

2 X 2 ID PICTURE

BUSINESS NAME:

BUSINESS ADDRESS:

CONTACT NO./ EMAIL ADDRESS:

To: PRIFOOD CORPORATION

The following hereby authorized and sign documents in business transactions of the company/business.

NAME	SIGNATURES / CONTACT NO.	INITIALS
1		
1		
1		

PERSON GRANTING AUTHORITY

SIGNATURE OVER PRINTED NAME

DESIGNATION POSITION

DATE OF AUTHORITY

INSTRUCTION:

1. Accomplish this form in two (2) copies.
2. Type or print all entries in BLACK INK of CAPITAL LETTERS
3. The official granting this authority to sign documents be the owner or authorized representative of the company
4. Should there be any revocation of authority of the person named in this form, please submit another set of Specimen Signature Form.

FOR PRIFOOD CORPORATION ONLY

SUBMITTED BY:

APPROVED BY:

SCANNED BY:

DATE

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