

Puerto Rico Department of Housing
Vendor / Contractor / Subrecipient
Signature Card Form

CHECK ONE:

Company Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

- Signature for New Vendor
- Additional Signatures
- Replace or Eliminate Signatures

Instructions: Complete this form by filling the blanks in the pdf form or use **BLACK** or **BLUE** ink to complete the form and sign the document. Line Out **ALL** unused signature boxes.

| | | | |
|----------|---|---------------------|------------------|
| 1 | PRINT NAME | TITLE | SIGNATURE |
| | E-MAIL ADDRESS | PHONE NUMBER | |
| | Ext. | | |
| | Check all authorized transactions for Authorized Signature: <input type="checkbox"/> Bank Transactions <input type="checkbox"/> Invoice Approval <input type="checkbox"/> Contract Approval | | |
| 2 | PRINT NAME | TITLE | SIGNATURE |
| | E-MAIL ADDRESS | PHONE NUMBER | |
| | Ext. | | |
| | Check all authorized transactions for Authorized Signature: <input type="checkbox"/> Bank Transactions <input type="checkbox"/> Invoice Approval <input type="checkbox"/> Contract Approval | | |
| 3 | PRINT NAME | TITLE | SIGNATURE |
| | E-MAIL ADDRESS | PHONE NUMBER | |
| | Ext. | | |
| | Check all authorized transactions for Authorized Signature: <input type="checkbox"/> Bank Transactions <input type="checkbox"/> Invoice Approval <input type="checkbox"/> Contract Approval | | |
| 4 | PRINT NAME | TITLE | SIGNATURE |
| | E-MAIL ADDRESS | PHONE NUMBER | |
| | Ext. | | |
| | Check all authorized transactions for Authorized Signature: <input type="checkbox"/> Bank Transactions <input type="checkbox"/> Invoice Approval <input type="checkbox"/> Contract Approval | | |
| 5 | PRINT NAME | TITLE | SIGNATURE |
| | E-MAIL ADDRESS | PHONE NUMBER | |
| | Ext. | | |
| | Check all authorized transactions for Authorized Signature: <input type="checkbox"/> Bank Transactions <input type="checkbox"/> Invoice Approval <input type="checkbox"/> Contract Approval | | |

The undersigned, an authorized representative of the vendor, certifies that he/she has reviewed the contained information in this Signature Card and find the information in this Signature Card accurate on this date and in accordance with the Authorization Documents.

Authorized Signature:

| | | | |
|----------|------------|-----------|-------------------|
| | | | |
| Position | Print Name | Signature | Date (MM/DD/YYYY) |