

					CHECK ONE:		
	Company Name:						
					-		Signature for New Vendor
	Address:				_		
					_		Additional Signatures
	City:				-		
	e			-			Replace or Eliminate Signatures
	State:		Zip Code:	-	-		
	Instructions:			ks in the pdf form o	r use <u>BLACK</u> or <u>BLUE</u> ink to	complete the fo	rm and sign the document. Line Out
		ALL unused signature	e boxes.				
		PRINT NAME			TITLE		SIGNATURE
							SIGNATORE
1	E-MAIL ADDRESS			PHONE NUMBER		1	
1					5.4		
					Ext.	-	
	Check all authorized transactions for Authorized Signature: Bank Transactions Invoice Approval			roual	Contract Approval		
	Ddilk I			TOVAI			
		PRINT NAME			TITLE		SIGNATURE
		E-MAIL ADDRESS		РНС	NE NUMBER	-	
2							
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		ransactions for Authorized					
	Bank Tr	ansactions	Invoice Appr	oval	Contract Approval		
		PRINT NAME			TITLE		SIGNATURE
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3		L-MAL ADDRESS		The			
					Ext.		
	Check all authorized	transactions for Authorize	d Signature:				
	Bank Tra	insactions	Invoice Appro	oval	Contract Approval		
		PRINT NAME			TITLE		SIGNATURE
4							
		E-MAIL ADDRESS		PU C	NE NUMBER		
		E-IVIAIL ADDRESS		PHC			
					Ext.		
	Check all authorized transactions for Authorized Signature:				1		
	Bank Trai	nsactions	Invoice Appro	val	Contract Approval		
	PRINT NAME			TITLE		SIGNATURE	
5							
						-	
		E-MAIL ADDRESS		PHC	NE NUMBER	1	
					Ext.		
	Check all authorized tr	ransactions for Authorized	Signature:			1	
	Bank Tra	nsactions	Invoice Appro	oval	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)			
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	(787)274-2527 www.vivienda.pr.gov					