INFOMANAGEMENT Customer Security Form

A DIVISION OF RAY HAMILTON MOVERS

CLIENT NUMBER: ☐ ☐ ☐ ☐ ☐ ☐

CLIENT NAME: _____

INVOICE ADDRESS: _____

PICKUP LOCATION: _____

CITY, STATE, ZIP: _____

NAME	TELEPHONE	SECURITY CLEARANCE						INFOMANAGEMENT USE ONLY
		A	B	C	D	E	F	

AUTHORIZED SIGNATURE: _____ DATE _____

SECURITY CLEARANCE	EXPLANATION	CODE
DISASTER RECOVERY	HIGHEST AUTHORITY INCLUDING ABILITY TO ALTER THIS DOCUMENT.	A
DESTROY/DISPOSE	AUTHORITY TO DISPOSE OR DESTROY BOXES/CONTENTS.	B
ADMINISTRATOR	ADMINISTRATOR OF ACCOUNT INCLUDING CONTACT PERSON.	C
EMERGENCY/SPECIAL	AUTHORITY TO REQUEST EMERGENCY SERVICE OR SPECIAL REQUESTS.	D
PARTICIPANT	AUTHORITY TO REQUEST RETRIEVAL OR PICKUP.	E
ONSITE INSPECTION	AUTHORITY TO USE/REVIEW BOXES AT INFOMGT. LOCATION.	F