



# Partner Agency Authorization to Accept Product

Date: \_\_\_\_\_

Agency Number: \_\_\_\_\_

Agency name (printed or typed): \_\_\_\_\_

Executive Director (printed or typed): \_\_\_\_\_

### Current method of receiving product

- Check one:             Picking-up  
                                Receiving deliveries

### These persons are authorized to sign invoices acknowledging receipt of product:

Printed or typed name	Specimen signature

On behalf of \_\_\_\_\_ Agency, I hereby authorize the persons listed above to sign NTFB invoices accepting product.

Signed

Date

\_\_\_\_\_  
*Executive Director*

\_\_\_\_\_

*Once complete, please scan this document, then visit [ntfb.org/AgencyUpload](http://ntfb.org/AgencyUpload) to upload it. For "Document Type" please select "Authorized Signature Doc."*