



## ***Laser Check Signature Form***

Customer ID# \_\_\_\_\_

Customer Name \_\_\_\_\_

Signature Effective Date:  Immediately      Other: \_\_\_\_\_

### ***Please Use Black Ink Only!***

Please have the check signer of your company sign within the lines of the three boxes below. If two signatures are required for your company, please use the boxes on the right.

#### **Single Signature**

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#### **Double Signature**


