

Service Authorization Form

This form authorizes the provider identified below to perform the service(s) described here on behalf of the requesting party.

Requesting Party Name *

Service Provider Name *

Service Location / Property Address

Description of Authorized Service(s) *

Authorized Amount / Not-to-Exceed

Service Date(s)

☐

Provider is authorized to access the premises to perform this service without the requesting party present

Access Instructions (if applicable)

The requesting party agrees to pay for the authorized service(s) upon satisfactory completion, up to the amount stated above, unless a different payment arrangement is specified separately.

Payment Terms (if different from standard)

Requesting Party — Signature

Service Provider — Signature

Requesting Party — Printed Name *

Service Provider — Printed Name *

Date *

Date *

Template provided for general reference only and does not constitute legal advice. Laws vary by jurisdiction — have a qualified professional review this document before you sign or rely on it.