

Authorization request – signature page

1. Print this page and have it signed and dated by **the** authorized person of the business.
2. Retain a copy of the signed and dated authorization request in your files for six years from the date that this information is transmitted to the CRA. Do not send us the authorization request by mail or fax unless requested to do so.

Representative ID **OR** Group ID **OR** Firm BN: BN:

Representative name : Wise & Company

Representative phone number: 1 (403)930-3330 Extension: _____

Business number:

Business name: _____

Level of authorization: Update and view (**level 2**) authorization applied to **all** program accounts and **all** fiscal years.

Expiry date:

List of authorization(s):

Certified: _____

Certification

By signing and dating this page, you authorize the Canada Revenue Agency to interact with the representative mentioned above.

First name: _____ **Last name:** _____

Signature: _____ **Date signed:** _____

Telephone number: _____ Extension: _____