



LETTER OF AUTHORITY

Metro Storage requires all the following fields to be completed.

I, _____ as _____ of _____
(Name) (Position) (Company Name)

hereby authorise _____ to sign a Self Storage Agreement
(Name of Authorized Person)

with Metro Storage on behalf of the above named company.

Signed	
Name & Position	
Date	
Address	
Direct Tel. No	
Mobile No	
Email	