



SERVICES AUTHORIZATION FORM

Bay Area Relocation Services Contact: Tony Sayegh, Managing Director Phone: 510-468-6197
 Please fill out the below information and e-mail to bayarearelocationservices@gmail.com

HR Contact Name:		HR Contact Number:	
E-Mail:		Authorization Date:	

ASSIGNEE INFORMATION (*Required Information)

*Transferee Name:			
*Assignment Start Date:		*Assignment Length:	
*Position:		Approximate Arrival Date:	
Current Address:			
City:		*Country:	
*Office Tel:		Fax:	
Home Tel:		*Mobile:	
*E-Mail:			
Spouse Name:		Number of Children:	

TRANSFERRING TO/ASSIGNMENT INFO:

City:		*Country:	
Street Address (business):			
*Approximate Arrival Date:		*Assignment Length:	
		*Assignment Start Date:	

SERVICES AUTHORIZATION AND INFORMATION (please check all that apply)

Look-See Trip:		Homefinding:		Settling-In/ Orientation Program:	
Immigration Assistance:		Language Lessons:		Household Goods Coordination:	
Cross-cultural Counseling:		Child/Teen:			
Other (please specify): Pet transportation/Personal Security/ Tenancy Management/Property Management/Departure Services:					

***This authorization form will give Bay Area Relocation Services the right to collect service fee once service is completed. Please note that if services are cancelled half way or once process is started and Bay Area Relocation Services has dedicated time, minimum charge will be \$100/hour fee for services completed prior to cancellation of full service.**

ADDITIONAL NOTES:

I, _____ representative of _____(Company Name)
authorize the above services requested for _____ (Employee) of
_____(Company Name) to be serviced by Bay Area Relocation Services band will
assume financial responsibility or the services provided by Bay Area Relocation Services and pay Bay Area
Relocation Services within 30 days of the services being completed.

Company Name: _____

Name: _____

Title: _____

Date: _____

Signature: _____