

Client Name:

Job #



PACK OUT / SECURE

This authorization is made this _____ day of _____, 20____ by and between **FSA, Full Steam Ahead, Inc.**, hereinafter referred to as The Company, and _____ hereinafter referred to as The Customer, to proceed with its recommended procedures to pack out and secure contents at the property located at _____.

Authorized Signature: _____
Insured or Acting Agent

Print Name: _____

Date: _____

Title: _____

Claim#: _____

Full Steam Ahead, Inc. Representative

Title: _____

Date: _____