

**TESTING SERVICES GROUP, INC.  
WORK AUTHORIZATION FORM**

**Purchase Order Number\*** \_\_\_\_\_  
**Purchase Order Amount\*** \_\_\_\_\_  
**Contact Name\*** \_\_\_\_\_  
**Company\*** \_\_\_\_\_  
**Address\*** \_\_\_\_\_  
**Address2** \_\_\_\_\_  
**City\*** \_\_\_\_\_  
**State\*** \_\_\_\_\_  
**Zip\*** \_\_\_\_\_  
**Email** \_\_\_\_\_  
**Phone\*** \_\_\_\_\_  
**Fax** \_\_\_\_\_

\*Represents a Required Field

**Briefly describe the scope of work needed:**

**By sending in this authorization form, I am approving the work above to be performed.**