

# Laser Check Signature Form

Today's Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Client ID Number: \_\_\_\_\_

Client Name: \_\_\_\_\_

PLEASE SIGN WITHIN THE BOUNDARIES of the appropriate boxes making sure that both boxes are filled out. With double signatures, please be sure that **BOTH** signatures are written in each box. To be assured of a clear signature, please sign as neatly as possible.

## USE BLACK INK ONLY

*All signatures done in blue ink may be rejected.*

### Single Signatures

Both boxes must be signed!

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### Double Signatures

Each box must have both signatures!



**IT IS NOT RECOMMENDED TO FAX SIGNATURES. PLEASE SEND ORIGINAL COPIES.  
TURN AROUND TIME IS APPROXIMATELY 24 HOURS**

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