



Canada Revenue Agency
Authorization Request - Signature Page

		Reference Number:	
			(Office Use Only)
Steps requ	ired to complete the authorization		
1. Print th	is page and have it signed and dated	by an authorized person of the business	S.
2. Send th	e signed copy of this page using the s	Submit Documents service in "Repres	sent a Client" within 10 business days.
	Firm BN:	821587060	
	Firm Name:	MRTAXES.CA INC.	
	Representative phone number:	(604)678-2937	
	Business Number:		
	Business Name:		
	Business phone number:		
	Certified (Owner/Director) Name:		
	Level of Authorization:	Update and view (Level 2)	
	Expiry Date:	Does not expire	
	List of Authorization(s)		
	*All program accounts		
		CERTIFICATION	
By signing	and dating this page, you authorize the	e Canada Revenue Agency to interact wi	th the representative mentioned above.
First Name	:	Last Name:	
Signature:		Date Signed:	
			(yyyymmdd)

Telephone number: