Approved "VENDOR LIST"
Watt Plaza

Building: _____ Suite #: _____ Date: _____

Tenant Name: _____

We hereby authorize the following vendors to have acces to our suite during business hours ONLY:

Business Hours: 6:00am - 6:00pm Monday-Friday

Authorized Suite Contact:

_____
(Name) *(Title)*

_____
(Phone Number)

Please Note: Security is **not** authorized to provide suite access and **does not** have a master key. It is the obligation of the tenant to keep this vendor list current. If you have many vendors, please add rows or make a duplicate of this copy. Alphabetical sorting is also available for easy reference.

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