

# SPECIFIC POWER OF ATTORNEY (poa112) *Service Invoice*

## CUSTOMER INFORMATION

Customer Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

## DOCUMENT INFORMATION

Name of Grantor (person **giving** the POA)

Complete Address of Grantor

Appointee/Attorney-in-fact (person **receiving** the POA):

Complete Address of Appointee/Attorney-in-fact:

Phone Number of Appointee/Attorney-in-fact:

Describe in **sufficient detail** as to the powers and/or authorities the Grantor gives to Appointee:

Special Instructions: