<NoName> SIN: Printed: 2021/09/15 14:52

## **Business Consent Authorization request – signature page**

☑ Enable printing and EFILE of this authorization request

Select "EFILE the Business Consent" under the "EFILE" menu to file this authorization.

First name: Last name: Date signed:

Telephone number: ( ) -

2. Retain a copy of	the signed and	l dated a	uthoriza	ition request in y		rom the date that this information is lest to CRA by mail or fax unless requested to
do so.						
I authorize the rep	resentative m	entione	d below	<i>r</i> :		
☐ Individual	Representat	ive <b>I</b> D:			First name:	Last name:
Organization	Firm BN:	Firm BN:		1009	Business name:	Vista Accounting Professional Corporation
Group	Group ID:	Group ID:			Group name:	
Country code  Representative phone number:		Country code	Area code (403)	Telephone number 719 - 7985	Extension:	
To represent the Business name: Business number						
Level of Authoriza						
02: Update and vi	iew (level 2) aut lority, update, a	thorization	n allow (level 3)	s the CRA to dis authorization a		program accounts. accept changes to the program accounts. presentatives and allows the CRA to disclose
Expiry date (Option	onal):					
List of authoriza	tion(s) - If blar	nk, the a	uthoriz	ation is for all a	accounts.	
Program Identifier			Reference number		e number	
Certification By signing and da	ating this page,	you auth	l norize th	e Canada Reve	nue Agency to interact	with the representative mentioned above.