



**TESTIMONIAL AUTHORIZATION**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Phone ( ) -  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_

Comments:

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I, \_\_\_\_\_ authorize K & K Tax Services to use my information and comments as testimony to their services and my experience with the company.

Client Signature: x \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/2009