

POWER TO ACT ON BEHALF OF THE COMPANY

The undersigned \_\_\_\_\_, (hereinafter, the "Company") duly represented  
Name of the company

by \_\_\_\_\_, confirms that \_\_\_\_\_ is  
Full name and function of the signatory Full name of the person of contact

authorised to open an Amazon Payments account with Amazon Payments, accept the User Agreement

and other Policies, have access to the Amazon Payments account, and initiate transactions in the

name and on behalf of the Company and approve new Secondary users added to the account and if required,

grant them access to respond to buyers and initiate refunds.

Dated this:

Signature: