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.

Dated this:

Signature: