



RESOLUTION FOR FACSIMILE SIGNATURE

409 Silverside Road, Suite 105
Wilmington, DE 19809
P: 877.226.2928
F: 302.791.5680
www.cfdbankingservices.com

RESOLVED, that _____ be, and it hereby is, authorized and directed to honor as genuine and authorized instruments of this Company any and all checks, drafts and/or other orders for the payment of money drawn in the name of this corporation and signed with the facsimile signature(s) of any of the following:

FURTHER RESOLVED, that this Company assumes full responsibility for any and all payments made by said cfd Banking Services, in reliance upon the facsimile signature of any person or persons named in the foregoing resolution and agrees to indemnify and hold harmless cfd Banking Services against any and all loss, liability, cost, damage or expense suffered or incurred by cfd Banking Services arising out of or in any way connected with the use, misuse or unlawful or unauthorized use by any person of such facsimile signature.

FURTHER RESOLVED, that the _____ of this Company be and hereby is authorized and directed to deliver to cfd Banking Services specimens of the facsimile signature(s) of the persons named above.

IN WITNESS WHEREOF, I have hereunto set my hand and seal of the said Company, this _____ day of

_____ , _____ .

Company Name: _____

Account Number: _____

Authorized Signer: _____

For fastest service, you may **fax** this form to us at **302.791.5680** or please mail to:

cfD Banking Services
409 Silverside Road, Suite 105
Wilmington, DE 19809

PLEASE RETAIN A COPY OF THIS FORM FOR YOUR RECORDS.