

CERTIFICATE OF AUTHORITY

(Required in all commercial claim and consumer transaction cases)

(Please print or type)

I, _____, am an _____
(Your Name) (officer, director, or employee)

of _____
(Name of corporation, partnership, or association)

and have been authorized to represent the aforesaid corporation,
partnership, or association in a commercial claim/consumer
transaction against _____
(Name of Defendant)

I certify that I have the requisite authority to bind the corporation,
partnership, or association in a settlement or trial of any claim or
counterclaim.

Signature

Date

Print Name

Sworn to before me this _____
day of _____, 20 _____

Notary or Clerk of Court