

CERTIFICATE OF AUTHORITY
(Required in all Commercial Claim
and Consumer Transactions Cases)

I, _____, am an _____
(Your Name) (officer, director, 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 the Court