



SIGNATURE CARD

Individual

Corporate

Account Name :

Mailing Address :

UNICAPITAL, INC. and/or UNICAPITAL FINANCE & INVESTMENTS, INC. will please recognize, subject to the instructions given below, the following signatures in the payment of funds or the transaction of other business on my/our investments or loans:

INSTRUCTIONS : Any one of these must appear Any two of these must appear
 All must appear Others _____

Note: For Corporations, please submit Secretary's Certificate or Board Resolution on authorized signatories

(1) Name

(2) Name

(EACH SIGNATORY MUST HAVE THREE SPECIMEN SIGNATURES)

(3) Name

(4) Name

(EACH SIGNATORY MUST HAVE THREE SPECIMEN SIGNATURES)

(5) Name

(6) Name

(EACH SIGNATORY MUST HAVE THREE SPECIMEN SIGNATURES)

Signatures Authenticated by: _____ Date: _____
Corporate Secretary (if Corporate)

FRONT

BACK