

Power of Attorney for Business Customers

The full, legally binding company name and address of the registered office must be indicated as per the commercial register entry or equivalent documents.

Company name _____ _____ In the Commercial Register since _____ (hereinafter referred to as the "Principal")	Address of registered office Street/no. _____ Postal code/city _____ Country _____
--	--

The undersigned Principal herewith grants this Power of Attorney to

<input type="checkbox"/> Ms <input type="checkbox"/> Mr		Home address Street /no. _____ Postal code/city _____ Country _____ _____ Nationality _____
---	--	---

(hereinafter referred to as the "Authorized Agent")

to legally represent the Principal with respect to Viseca Payment Services SA (hereinafter referred to as "Viseca") as follows: The Authorized Agent is authorised to obtain information available from Viseca concerning client data, invoice details, limits, transactions and objections thereto, and all correspondence. The Authorized Agent is also authorised to request limit increases, object to transactions, block and cancel cards and request replacement cards. If necessary, the Authorized Agent is authorised to order the transfer of card balances to a bank account, submit a new basic application form and request a new credit card from the Viseca card portfolio in the Principal's name.

The Authorized Agent may carry out all actions to which this Power of Attorney authorises him/her, including for his/her own account or for the account of third parties. The signatures and all instructions and measures ordered by the Authorized Agent are fully binding on the Principal. The Principal certifies the authenticity of the Authorized Agent's signature and accepts the validity of this Power of Attorney until it is revoked in writing.

It is expressly stipulated that this Power of Attorney shall remain in force even in the event of the Principal's bankruptcy (Swiss Code of Obligations Art. 35).

This Power of Attorney is governed by Swiss law, which shall also determine the validity of the applicable law chosen by the contracting partners. The Principal and the Authorized Agent recognise as the **exclusive place of jurisdiction the courts at the location of the Viseca branch**. However, Viseca is also entitled to exercise its legal rights in any other competent jurisdiction.

Important: Please also complete the following page.

The Authorised Agent:

Place/date

First name/last name of the Authorised Agent* (capital letters only)

Signature of the Authorised Agent

* It is **mandatory** that signed copies of the official identification documents
(front and reverse) be submitted for the **Authorised Agent** and the **Principal**.

The Principal:

Place/date

First name/last name of authorised signatory* (capital letters only)

Legally valid signature (joint signature if required)

First name/last name of authorised signatory* (capital letters only)

Legally valid signature (joint signature if required)

Company stamp of Principal

**Complete and sign the form and mail it along with
the required identification documents to the following address:
Viseca Payment Services SA, Hagenholzstrasse 56, P.O. Box 7007, 8050 Zurich.**