AUTHORIZATION FORM

TO: **CANADIAN RETRANSMISSION COLLECTIVE ("CRC")**

FROM: _____ ("the Claimant")
(Corporation Name)

_____
(Address)

_____
(City/Province/Postal Code/State/Zip Code/Country)

E-MAIL: _____

DATE: _____ PHONE: _____

FOR CANADIAN NATIONALS – CORPORATIONS: TAX ID: | | |