

**CALIFORNIA CONSUMER PRIVACY ACT (CCPA)
AGENT AUTHORIZATION STATEMENT**

Consumer Information:

Name: _____

Address: _____

Email: _____

Authorized Agent Information:

Name: _____

Address: _____

Email: _____

I hereby designate the authorized Agent listed above as my third party-designee and authorized agent to make a request pursuant to the California Consumer Privacy Act (“CCPA”) on my behalf. I further authorize Agent to correspond with FITT USA INC. and its employees, agents, affiliates, officers, directors, or representatives on my behalf in all matters with respect to communications relating to the CCPA.

I hereby agree to notify FITT USA INC. in writing of any cancellation of this Agent Authorization Statement. Such notices should be emailed to FITT USA INC. at privacy@fitt.com or sent via postal mail to: FITT USA INC., 444 North Michigan Ave, Suite 1200 Chicago, IL 60611, Attention: Privacy – CCPA.

IN WITNESS WHEREOF, the undersigned has executed this Agent Authorization Statement in

_____, California on _____
(CITY) (DATE)

By: _____

Name: _____