



ACCOUNT AUTHORIZATION FORM – PRIMARY CONTACT

LEGAL NAME OF PERFORMER

(Print): _____

SOUNDEXCHANGE PAYMENT NAME [company or individual]

(Print): _____

I hereby authorize the following individual or entity to act on my behalf with respect to managing, maintaining and administering my account with SoundExchange, Inc. This includes, but is not limited to, modifying payee contact information; claiming repertoire; and collecting foreign royalties pursuant to a membership agreement and international mandate signed either by me or the following authorized individual or entity.

NAME OF AUTHORIZED INDIVIDUAL OR ENTITY (Print):

I further authorize the above-named individual or entity to execute Letters of Direction on my behalf. (check box or leave blank)

This Account Authorization Form is effective as of the date set forth below, and may be revoked by me at any time for any reason. I hereby confirm that SoundExchange, and each of its directors, officers, employees, agents, representatives, successors and assigns (“Affiliates”) may rely on this Account Authorization Form until notified of revocation via a SoundExchange Revocation of Account Authorization Form signed by me. I hereby agree to indemnify and hold SoundExchange and each of its Affiliates harmless from and against any and all claims, liabilities, suits, losses, damages, and expenses, including, without limitation, costs and reasonable attorney’s fees, arising in connection with or related to this Account Authorization Form.

This Account Authorization Form shall be governed by and construed in accordance with the laws of the District of Columbia.

SoundExchange requires that this Account Authorization Form be signed by the Performer.

PERFORMER

Performer Signature: _____

Performer Printed Legal Name: _____

Date of Signature: _____