## LIMITED POWER OF ATTORNEY

I,, residing at	, appoint Seek Capital, LLC
and its appointees, located at 6420 Wilshire Blvd. Suite 600 Lc my name and on my behalf:	os Angeles, CA 90048 as my true and lawful attorney-in-fact for me, in
right, power or capacity to exercise or perform, in connection and personal credit guarantee for the pursuit and acquisition of more of the following: business and personal credit cards, banl	with, arising from or relating to use of my personal credit information credit and loan facilities (credit and loan facilities will consist of one of k lines of credit and bank loans) for myself and the following business.  This above business entity is located in the County of the count
and State of	·
proper to be done, in the exercise of any of the rights and pow might or could do if personally present, with full power of s	take, and perform each and every act or thing whatsoever necessary or vers granted in this instrument, as fully to all intents and purposes as substitution or revocation, and by this instrument I ratify and confirm or cause to be done by virtue of this limited power of attorney and the acquisition of business and personal credit and loan facilities.
force on the date of this instrument and such rights, powers a	ranted in this limited power of attorney shall commence and be in full and authority shall remain in full force and effect thereafter until: (1) llation via electronic correspondence (e-mail), facsimile or writing.
4) My attorney-in-fact will have the full power and authority application, mail and phone.	y to submit credit and loan applications on my behalf via electronic
5) My attorney-in-fact will have the full power and authority to	contact lenders on my behalf via email, mail and phone.
6) My attorney-in-fact will apprise me of all credit and loan app	plications submitted on my behalf.
	power of attorney. This limited power of attorney shall not be affected. This limited power of attorney will be effective for ninety (90) days affirm all that is written above.
This Limited Power of Attorney is made this day of	, 20
(Signature of Applicant)	(Applicant's Social Security #)
(Printed Name)	(Applicant's Date of Birth)
NOTARY INFORMATION:	
STATE OF )	
COUNTY OF )	
On the day of, before me, the unde, provided to me through satisfigured above, and acknowledge to me that he/she signed it volu	isfactory evidence of identification, to be the person whose name is
-	NOTARY BUILDI IC.
	NOTARY PUBLIC: Residing at:
	My Commission Expires:

[SEAL]