



If you are a resident of California and would like to designate an authorized agent to make a request to exercise your rights under the California Consumer Protection Act on your behalf, then please complete this form in its entirety and submit this form to Fabriik at legal@Fabriik.com or by mail at 10001, 1460 Broadway, New York, New York, 10036. If any of the information is not provided in the form, then Fabriik may reject the form.

Consumer Information:

Name: _____
Email: _____
Address: _____

Authorized Agent Information:

Name: _____
Email: _____
Address: _____

I designate the Authorized Agent listed above to make the following request(s) pursuant to the California Consumer Protection Act, on my behalf:

Please initial all that apply.

- Requests to opt-out of the sale of my personal information;
- Requests to access my personal information; and/ or
- Requests to delete my personal information.

I agree that my Authorization is effective for the Fabriik Customer Account associated with my information listed above for one-year from the date of the execution of this Authorization (the "Execution Date") unless an earlier termination date is provided below.

Please list the termination date of this Authorization, if this Authorization expires earlier than one year from the Execution Date. Termination Date: _____

I understand that I have the right to terminate this Authorization at any time for any reason by submitting a written request to Fabriik at legal@Fabriik.com.

By submitting this form, I affirm that I am the Consumer whose name appears above, and that the information provided in this form is true and accurate and I authorize the Authorized Agent to submit the request s indicated above to Fabriik on my behalf and authorize Fabriik to process such requests, which will be processed in accordance with the applicable laws and the Fabriik Privacy Policy.

Date

Customer's Signature