

**SIGHT DRAFT – SAMPLE FORM**

**EXHIBIT A**

\_\_\_\_\_  
LETTER OF CREDIT NUMBER

\_\_\_\_\_  
SIGHT DRAFT DATE

YOU, [NAME AND CITY OF THE FINANCIAL INSTITUTION], are directed to pay to the order of the Commonwealth of Pennsylvania, Office of Attorney General, Bureau of Consumer Protection

\_\_\_\_\_  
U.S. DOLLAR AMOUNT IN WORDS      U.S. DOLLAR AMOUNT IN NUMBERS

Pursuant to your irrevocable letter of credit number **LETTER OF CREDIT NUMBER** dated **DATE OF LETTER OF CREDIT** regarding

(1) We, the Office of Attorney General, hereby certify that the amount of the accompanying sight draft represents

This sight draft is drawn under **NAME AND CITY OF FINANCIAL INSTITUTION** Credit Number **LETTER OF CREDIT NUMBER** dated **ISSUE DATE** and is accompanied by the original letter for proper endorsement.

This dollar amount draw is a \_\_\_\_\_ FULL \_\_\_\_\_ PARTIAL draw on the total letter of credit amount of **TOTAL AMOUNT OF LETTER OF CREDIT**.

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Authorized Signature  
Bureau of Consumer Protection

Sworn to and subscribed before  
this \_\_\_\_\_ day of  
\_\_\_\_\_, 200

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Notary Public