Official Use Only	
Clerk Initials	
SC Location	
Date Received	

Dealer Authorization Form

Any changes to the items listed below must be submitted in writing to the Tax Collector's office.

Dealership Name			
Dealer License#			
FEID #			
Phone #		FAX #	
Physical Address			
Mailing Address			
Contact Person			
Email Address			

The following are authorized to process title transactions (signing on behalf of the dealership) and/or fast title pick-up.

Name	Title Transactions	Fast Title pick-up

I hereby authorize and confirm the information provided above.

Signature/Title _____ Printed Name _____ Date _____