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 _____ Date _____