

**LETTER OF AUTHORIZATION
AND
REPRESENTATION**

COMPANY NAME: _____

ADDRESS: _____

CITY/ST/ZIP: _____

PHONE NUMBER: _____

FAX NUMBER: _____

EMAIL ADDRESS: _____

**FEDERAL EMPLOYER
ID NUMBER:** _____

DEALER LICENCE #: _____

SALES TAX EXEMPT #: _____

**I HEREBY AUTHORIZE TITLE CONSULTANTS TO ACT AS OUR AGENT AND
REPRESENT US FOR ALL TITLE MATTERS TO BE SUBMITTED FOR TRANSFER
INTO OUR NAME.**

REP. SIGNATURE & TITLE

DATE

PRINTED NAME OF REP.