



**Authorized Representatives**

Date: \_\_\_\_\_

I, \_\_\_\_\_ of \_\_\_\_\_  
(Print Name) (Dealer Name)

Do authorize the following representatives of our dealership to buy and sell vehicles at Dealers Auto Auction of Alaska, Inc. I understand that any vehicle purchases or sales transacted by the following authorized persons on behalf of this Dealer are the financial responsibility of the Dealer. If Dealer is authorized by the auction to write checks for auction purchases, all checks shall be drawn upon the registered Dealer's business account. I also understand that it is the responsibility of the Dealer to notify Dealers Auto Auction of Alaska, Inc. in writing should there be any change in authorized representatives.

Please attach copies of photo I.D. for all authorized representatives.

**Authorized Representatives:**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Authorized Buyer)

\_\_\_\_\_  
(Signature of Authorized Buyer)

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Authorized Buyer)

\_\_\_\_\_  
(Signature of Authorized Buyer)

