

AUTHORIZED REPRESENTATIVES

DATE _____

COMPANY NAME _____

DEAR DEALER,
IN ORDER FOR US TO PROVIDE ADDITIONAL SECURITY AGAINST UNAUTHORIZED ENTRANTS TO **THE GEORGIA STATE EQUIPMENT AUCTION**, WE REQUEST THAT YOU INCLUDE THE NAMES OF YOUR AUTHORIZED SALES REPRESENTATIVES. THESE NAMES WILL BE AUTHORIZED TO BUY AND/OR SELL UNDER YOUR ACCOUNT. PLEASE NOTE THAT YOU BEAR FULL RESPONSIBILITY FOR THEIR ACTION AT **THE GEORGIA STATE EQUIPMENT AUCTION** ALLOWING THEM TO USE YOUR LICENSE.

AUTHORIZED REPRESENTATIVE Please print full name	DRIVERS LICENSE#	CONTACT PHONE #	SIGNATURE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PRINTED NAME OF OWNER

SIGNATURE OF OWNER

DATE _____

IF AT ANY TIME YOU WOULD LIKE TO MAKE CHANGES TO YOUR AUTHORIZED SALES LIST, **YOU MUST INFORM US IN WRITING OF THESE CHANGES.**