



FAX CONSENT FORM

1. COMPANY NAME

2. ADDRESS CITY STATE ZIP

3. NAME OF PERSON AUTHORIZED TO PROVIDE CONSENT ON BEHALF OF THE COMPANY

4. TITLE OF PERSON AUTHORIZED

AS THE PERSON NAMED IN #3 ABOVE, I CONSENT ON BEHALF OF THE COMPANY TO RECEIVE COMMUNICATIONS AND SOLICITATIONS VIA FAX ON BEHALF OF THE SOUTH DAKOTA AUTOMOBILE DEALERS ASSOCIATION.

PHONE NUMBER: _____

E-MAIL ADDRESS: _____

FAX NUMBER: _____

I UNDERSTAND THAT BY PROVIDING THE INFORMATION ABOVE, ON BEHALF OF THE COMPANY, I AM AUTHORIZED TO AND HEREBY CONSENT FOR THE COMPANY TO RECEIVE FAXES FROM SDADA. I ALSO ACKNOWLEDGE THAT SDADA IS RELYING ON MY REPRESENTATIONS ON THIS CONSENT FORM REGARDING AUTHORITY TO BIND THE COMPANY. I AGREE TO NOTIFY SDADA, IF CONSENT IS REVOKED, AND UNDERSTAND THAT SDADA IS ENTITLED TO RELY ON THIS CONSENT, UNLESS REVOKED.

SIGNATURE:

DATE:

PLEASE RETURN THIS FORM BY FAXING OR MAILING AS SOON AS POSSIBLE TO:
SOUTH DAKOTA AUTOMOBILE DEALERS ASSOCIATION
PO BOX 89008
SIOUX FALLS, SD 57109-9008
FAX: (605) 334-1938