

## Dealer Information

<b>Dealership Name:</b>	
<b>Dealer Number:</b>	
<b>Contact Person:</b>	
<b>Email Address:</b>	
<b>Mailing Address:</b>	
<b>Telephone Number:</b>	

## Attorney in Fact

I, \_\_\_\_\_ of \_\_\_\_\_ do hereby give agents of Vehicle Titles, Inc attorney in fact to act in my behalf within the State of Arkansas to transfer, sign, pick-up, and not limited to the duties only for the purpose of registering, correcting, and duplicating titles within the State of Arkansas.

I, \_\_\_\_\_, do by acknowledge that all information given to Vehicle Titles, Inc is to the best of my knowledge actual and is in no way defrauding Vehicle Titles, Inc or the State of Arkansas.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

Please attach a copy of your current dealer's license.



STATE OF ARKANSAS  
**Department of Finance  
 and Administration**

**POWER OF ATTORNEY FOR VEHICLE TRANSACTIONS**

This form must be used in the event of a person applying for a Motor Vehicle transaction on behalf of a company or individual, or in the event of a person accepting delivery of a title on behalf of the titled owner of the vehicle. This form must be submitted to the State by the person exercising power of attorney. Providing a false statement may result in fines and/or imprisonment.

Check this box if you are the representative of a company giving the attorney-in-fact permission to apply for a Motor Vehicle transaction for all vehicles owned by the company.

Check this box if you are the representative of a company giving the attorney-in-fact permission to apply for a Motor Vehicle transaction for a specific vehicle, then complete the vehicle information below.

**Individuals giving power of attorney must complete the vehicle information below. If more than one (1) vehicle, the power of attorney form must be completed for each vehicle.**

**VEHICLE INFORMATION**

Year	Make	Model	Body Type	Vehicle Identification Number

**This Power of Attorney is valid until revoked.**

I, \_\_\_\_\_, do hereby appoint \_\_\_\_\_

(Name)

(Name of Attorney-in Fact)

Vehicle Titles Inc

(Business or Title Service, if applicable)

208 West Center Street Beebe, AR 72012

(Street Address)

(City)

(State)

(Zip Code)

as my attorney-in-fact, to sign my name to all applicable documentation relative to any Motor Vehicle transactions for the vehicle described herein or pick up a title being held for the owner listed on the title. The area below is to be completed by the party granting authority (Check one):

- Individual
- Business

\_\_\_\_\_  
 (Business Name)

\_\_\_\_\_  
 (Signature of Individual or Business Owner)

\_\_\_\_\_  
 (Printed Name of Individual or Business Owner)

\_\_\_\_\_  
 (Physical Street Address)

(City)

(State)

(Zip Code)

\_\_\_\_\_  
 (Telephone Number)

\_\_\_\_\_  
 (Email Address)

DATE: \_\_\_\_\_

NOTE: This document is void if any information is blank or any information entered hereon is erased or altered by any means. This Power of Attorney for Vehicle Transactions may be copied or reprinted if the original language and format are not altered.