



# 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 TRUCKING ASSOCIATION**

PO BOX 89008

SIoux FALLS, SD 57109-9008

FAX: (605) 334-1938