



Authorized Signature Form

Effective Date: _____

The person(s) listed below are authorized to execute legal documents between Flagship Financial Group LLC and the below dealership. Their signature(s) may be accepted as of the effective date listed above.

AUTHORIZED SIGNATORIES		
Name	Title	Signature

By signing below, I certify that the above person or persons are employed by and have the authority to execute legal documents on behalf of the below dealership.

DEALER PRINCIPAL			
Name	Signature	Title	Date
Dealership Legal Name		Dealership DBA	
Physical Address	City	State	Zip