POA-GA

Account No.: _____

LIMITED POWER OF ATTORNEY TO TRANSFER OWNERSHIP TO A MOTOR VEHICLE, AND TO DISCLOSE MILEAGE

I (we), _____ irrevocably appoint _____
       (Print Sellers' Name(s))   (Print Name of Person Appointed)
as my(our) agent and attorney-in-fact, to (1) execute all documents necessary to transfer all my (our) right, title, and interest in the vehicle described as follows (the "Vehicle'):

Description: _____   Body Type: _____
Vehicle Identification Number: _____

to ASFS; and (2) disclose the mileage on the title or other documents required by State or Federal Law for the Vehicle in a manner consistent with my(our) following disclosure:

I certify that the odometer now reads _____ (no tenths) miles and to the best of my knowledge that it reflects the actual mileage unless one of the following statements is checked.

☐   (1) I hereby certify that to the best of my knowledge the odometer reading reflects the mileage in excess of its mechanical limits.

☐   (2) I hereby certify that the odometer reading is NOT the actual mileage. WARNING – ODOMETER DISCREPENCY.

I understand that I am required by law to state the mileage upon transfer of ownership and that providing a false statement may result in fines and/or imprisonment.

_____	_____	_____
(Signature of Seller)	(Print Name)	(Date of Statement)
_____	_____	_____
(Signature of Seller)	(Print Name)	(Date of Statement)

_____
(Seller's Street Address, City, State, Zip Code)

Acknowledgement of Notary Public

The undersigned notary public does hereby certify that the above named owner of the vehicle identified in this appointment of an attorney-in-fact, executed this form in my presence and that said owner was proven to be the person named by the use of the following form of positive, picture identification:

_____
(Driver's license number of owner and state of issue)
Sworn to and subscribed before me:

This _____ Day of _____ , _____   _____
              (Month)   (Year)   (Printed/typed name of notary public)

_____   _____
(signature and seal or stamp of notary public)   (Notary public's telephone # or e-mail address)

_____   _____
(Date commission expires)   (Notary public's address)