General Authorization Form

Let it be left That the u	known: undersigned _			, of the city of Box Elder
		(Name o	f Vehicle Owner)	
and South	n Dakota drive	er's license number	(or SSN if no SD DL)	
do hereby	appoint Ame	ericas Mailbox, Inc,	for the purpose listed	below (check only one):
T	o renew the ve	ehicle(s) described l	pelow in the name of the	ne undersigned:
	(Circ	stolen) license (le Only One) name of the unders	(Circle As Applicable)	title) for the vehicle(s)
		porary registration name of the undersi		15 days for the vehicle(s)
O	ther (briefly e	xplain):		
Described	d Vehicle(s):			
Year	Make	Model	VIN#	# TIRES
Year	Make	Model	VIN#	# TIRES
Year	Make	Model	VIN#	# TIRES
Year	Make	Model	VIN#	# TIRES
My curre	nt South Dako	ota address is:		
			Date	
Signature	of Owner			

This authorization shall expire 90 days from the date of execution.