

POWER OF ATTORNEY FOR ONTARIO DEALER

INDIVIDUAL

Name _____ Address _____
Name of client

Driver's licence no. _____ Reference no. _____ Tel. no. _____

Authorize _____ Represented by _____
Name of dealer Name of representative

TO ACT ON MY BEHALF CONCERNING THE FOLLOWING TRANSACTION:

Registration of the following vehicle

Make _____ Model _____ Year _____ Weight _____

No. of cylinders _____ Serial no. _____ Odometer _____ km

No. of axles (if truck over 3000 kg) _____ GVWR _____

Name of leasing co. (if lease) _____ Qc Rin# _____

Leasing co. QST number _____

Emigration of vehicle traded in

Plate no. _____ Make _____ Model _____ Year _____

Serial no. _____ Reuse plate YES ☐ NO ☐

Storage of my vehicle ☐ *Lease termination* ☐

Plate no. _____ Make _____ Model _____ Year _____

Serial no. _____ Reuse plate YES ☐ NO ☐

Discarding of my vehicle

Plate no. _____ Make _____ Model _____ Year _____

Serial no. _____ Reuse plate YES ☐ NO ☐

Signed on _____
Date

Signature of client (above mentioned)

Signature of dealer representative (above mentioned)