

VEHICLE OWNER(S):

Owner Name:	
Owner Address:	
Co-owner Name:	
Co-owner Address:	

POWER OF ATTORNEY GRANTED TO:

Full Legal Name: Decision Dynamics, Inc. and its respective employees (Linda Aulds, Destinee Blake, Betty Coker, Katie Colwell, Phillip Davis, Annette Griffin, Amanda Hall, Danielle Hutson, Sharon Owen, Kristin Patterson, Laura Rutland, Ashley Ruszecki, Angie Shumpert, Judy Simon, Glenda Smith, Tara Smith, Tammy Webster)

Address: 1 Wellness Blvd, Suite 201, Irmo, SC 29063

VEHICLE INFORMATION:

Vehicle Make	Body Type	Model Year	Vehicle Identification Number (VIN)
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I/We, being the owner(s) of the motor vehicle described above, by these presents do make, constitute, and appoint the person named above true and lawful attorney-in-fact to sign in my/our name, place, and stead any Certificate of Title, or other supporting papers, covering said motor vehicle, in whatever manner necessary to register and/or transfer ownership of said motor vehicle; and I/we do hereby grant unto said attorney-in fact full authority and power to do and perform any and all other acts necessary or incidents to the execution of the powers herein expressly granted, as the grantor might or could do if personally present, with full power of substitution. I/We further certify and affirm that all information presented in this form is true and correct, that any documents I/we have presented to DMV are genuine, and that the information included in all supporting documentation is true and accurate. I/We make this certification and affirmation under penalty of perjury and I/we understand that knowingly making a false statement or representation on this form is a criminal violation.

Owner Signature	Date	Co-owner Signature	Date
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State of _____
County of _____

Sworn to and subscribed before me on the _____ day of _____, 20____ by _____

Notary Public's Signature