



Amendment to Dealer Signature Card

Dealership Name (dba) _____ Dealer License # _____

Apply Changes for Dealership Located at:

***This Amendment will apply to all Branches listed that use the Dealer License No. that is listed above.*

Address: _____

City: _____ State: _____ Zip: _____

Addition of Authorized Individuals

In addition to our current signature card on file, I wish to authorize the following individual(s) to execute all funding documents, including contract assignments on behalf of the above listed Dealership.

Printed Name _____ Signature _____

Printed Name _____ Signature _____

Printed Name _____ Signature _____

Removal of Removal of Authorized Individuals

The following individual(s) which were previously authorized signers have had their signing authorization revoked:

Printed Name _____

Printed Name _____

Owner/Officer Authorization:

Printed Name _____

Signature _____

Executed on this _____ day of _____, 20 _____

**Return completed form to Freeway Funding via email to
dealerinfo@freewayfunding.com**

For Office Use Only:

Date Received _____ Recorded/Updated in: MSTR _____ O: _____ BDR _____ DLRJKT _____ Completed by _____