



Consent for SJ Auto Tags to Process Motor vehicle work

Individual permission letter

Date

I _____, give permission to SJAUTO TAGS LLC,
SAMANTHA ROBELL / AND / OR CARRIEANN KELL to process my motor
Vehicle work on my behalf. I have enclosed a check for my Tax, Tag, and
registration cost.

If you have any questions, please contact
Carrieann Kell 1-856-625-2921.

Thank you,

Signature

Name: _____

Address: _____

Phone Number: _____