



POWER OF ATTORNEY

INSTRUCTIONS:

1. PROVIDE ALL INFORMATION AND CHECK APPLICABLE BOXES
 2. FORM **MUST** BE SIGNED BY THE OWNER, PARTNER OR CORPOTATE OFFICER.
-

KNOW ALL MY BY THESE PRESENT THAT _____

(COMPLETE CARRIER NAME)

____ INDIVIDUAL ____ PARTNERSHIP ____ CORPORATION ____ LIMITED LIABILITY

OFFICE IS LOCATED AT: _____

(CARRIER ADDRESS)

DOES HEREBY DESIGNATE AND APPOINT FLEET-TAX SERVICES WITH THE OFFICE LOCATED IN GRIMSBY, ON, 905-309-3900 TO ACT AS ATTORNEY-IN-FACT FOR THE FOLLOWING LIMITED AND SPECIAL PURPOSES (CHECK APPLIABLE PROVISIONS)

____ TO OBTAIN, COMPLETE AND SUBMIT APPLICATIONS AND FEES FOR PERMIT AUTHORITIES

____ TO OBTAIN, COMPLETE AND SUBMIT APLLICATIONS FOR I.R.P. OR COMMERCIAL PLATES (ORIGINALS AND RENEWALS)

____ TO PREPARE, SIGN AND SUBMIT DOCUMENTS AND PAYMENTS THAT MY BE NECESSARY FOR FILING IFTA & MILEAGE TAX REPORTS

____ TO PREPARE, SIGN AND SUBMIT DOCUMENTS FOR CARRIER COMPLIANCE

____ REGISTRATION OF VEHICLES

____ TO HOLD, CONFER AND RESOLVE ALL AUDITS REQUESTED BY ANY JURSDICTION

____ TO CONFER AND RESOLVE ANY ASSESSMENT, CLAIM OR COLLECTION OF A DEFICIENCY OR OTHER TAX OR FEE MATTER PENDING WITH ANY AGENCY AND ATTEND ANY MEETINGS OR HEARINGS THERETO.

____ OTHER ACTS (SPECIFY) _____

This Power of Attorney will be in effect beginning _____ and continue until canceled in writing.

CARRIER NAME: _____

SIGNATURE: (MUST BE AUTHORIZED PERSONNEL)

PRINTED NAME OF SIGNATURE ABOVE: _____

TITLE OF GRANTOR: _____

DATE: _____ PHONE: _____

APPROVAL OF ATTORNEY-IN-FACT:

FLEET-TAX SERVICES, 398 N. SERVICE ROAD, GRIMSBY, ON L3M 4E8, 905-309-3900

NAME: _____ DATE: _____
