



Partners Capital Finance, LLC

AUTHORIZATION FOR PAYMENT

DATE ____ / ____ / ____

DEALER/SELLER NAME _____

PHONE NUMBER _____

OVERNIGHT ADDRESS

DEALER/BUYER NAME

VEHICLE ID NUMBER _____

VEHICLE YEAR/MAKE/MODEL _____

The undersigned hereby authorizes and directs you to accept payment and documentation from:

**PARTNERS CAPITAL FINANCE, LLC
2640 JACKSON BOULEVARD, SUITE 7
RAPID CITY, SD 57702**

**The purchase amount due to the dealer/seller in the amount of \$_____ and to
surrender to Partners Capital Finance, or order, the properly endorsed Certificate of
Title/Ownership to the above referenced vehicle. I UNDERSTAND THAT THIS PAYMENT
WILL BE SENT WITHIN THE NEXT TEN (10) DAYS FROM THE DATE OF SALE.**

Printed Dealer/Buyer Name: _____

Signature: _____