

# **ADESA CORPORATION, LLC**

*On Behalf of its Subsidiaries and Affiliates*

## **POWER OF ATTORNEY**

*The undersigned, and its subsidiaries hereby duly appoint ADESA Corporation, located at 13085 Hamilton Crossing Blvd., Carmel, Indiana 46032, or any of its subsidiaries ("ADESA", through its authorized employees and agents, to act as our ATTORNEY-IN-FACT to sign all papers and documents that may be necessary pertaining to the sale and subsequent title transfer of the vehicles consigned by the undersigned to ADESA for its auction of the vehicles or pertaining to the purchase of vehicles by the undersigned, including without limitation, any title, title transfer document, reassignment of odometer disclosure statements as required by federal law.*

*In consideration of ADESA's agreement to execute such documents on behalf of the undersigned from time to time, the undersigned shall indemnify, defend, and hold harmless ADESA, its affiliates, subsidiaries, officers, directors, employees, successors, and assigns from and against any and all loss, damages, liability, claims, cause of action, and expenses of whatever kind and nature, arising from the execution by ADESA or its employees or agents of any certificate of title, odometer statement, bill of sale, or other document necessary to transfer ownership of consigned vehicles. Notwithstanding the foregoing, nothing contained herein shall be construed to require the undersigned to indemnify ADESA, its affiliates, subsidiaries, officers, directors, employees, successors, and assigns from any loss resulting from any gross negligence or willful misconduct of ADESA or its employees or agents.*

*This Power of Attorney shall be effective as of the date of signing hereof on behalf of the undersigned and continue until full force and effect until terminated by the undersigned in its sole discretion.*

*This Power of Attorney supersedes any previous authorization to act as agent and attorney-in-fact for the undersigned.*

\_\_\_\_\_  
*Company Name & Auction Access/AMS Number*

**BY:** \_\_\_\_\_  
*(Signature of Owner/Officer)*

**PRINTED:** \_\_\_\_\_  
*(Printed Name of Owner/Officer)*

*Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.*

\_\_\_\_\_  
**NOTARY PUBLIC**

*Commission Expiration:* \_\_\_\_\_ *County of Residence:* \_\_\_\_\_

*ADESA Jacksonville, 11700 New Kings Road, Jacksonville, FL 32219  
O.904.764.1004, F.904.768.0029*

