



BENNETT MOUNTAIN OUTFITTERS

**BENNETT MOUNTAIN OUTFITTERS LLC
LIMITED POWER OF ATTORNEY**

To all persons, be it known, that _____, **GRANTOR**, does hereby make and grant a limited power of attorney to **Kurt Baugher, of Bennett Mountain Outfitters LLC** and does thereupon constitute and appoint said individual as my attorney-in-fact.

My attorney-in-fact shall have limited powers of authority to do and undertake such acts as herein described on my behalf that I could do personally, with full power of substitution and revocation. Granted are the powers to apply such special hunt license applications, in the state of Idaho.

My attorney-in-fact hereby accepts this appointment subject to it terms and agrees to act and perform in said fiduciary capacity consistent with my best interest as he, in his best discretion, deems advisable, and I affirm and ratify all acts so undertaken.

This power-of-attorney shall be revoked by disability of **GRANTOR**, and shall otherwise continue in full force and effect until revoked by subsequent writing.

HUNT NUMBER(S)	DATE(S)
_____	_____
-	-
_____	_____
-	-
_____	_____
-	-
_____	_____
-	-
_____	_____
-	-

GRANTOR, who personally appeared and is known to me, signed or acknowledged the forgoing Power of Attorney as his or her free act and deed.

Witness Signature Date

Name: _____
Address: _____
City: _____ State: _____ Zip: _____

Grantor Information

Full Name: _____ Sex: M or F
DOB: _____ DL #: _____ State Issued: _____
Address _____
City _____ State: _____ Zip: _____
Phone # (Day): _____ (Night): _____ (Cell): _____
Hunter Education # (if any): _____ State Issued: _____
Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____
Go Outdoors Idaho: User Name: _____ Password: _____
Idaho Sportsmans ID#: _____

Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Credit Card Information				
Card Type:	<input type="checkbox"/> MasterCard	<input type="checkbox"/> VISA	<input type="checkbox"/> Discover	<input type="checkbox"/> AMEX
	<input type="checkbox"/> Other _____			
Cardholder Name (as shown on card): _____				
Card Number: _____				
Expiration Date (mm/yy): _____				
Cardholder ZIP Code (from credit card billing address): _____				

I, _____, authorize _____ to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

Customer Signature

Date