



DEALER APPLICATION

Dealership Name: _____ Date _____

Lot Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Business Phone#: _____ Fax#: _____ E-mail Address: _____

Dealer License#: _____ State _____ Expiration _____

Please include copy of actual Dealer License Certificate

Owner-
 Legal Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home#: _____ Cell#: _____

Driver's License#: _____ (Please provide copy of driver's license) DOB _____

Authorized Representative
 Legal Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home#: _____ Cell#: _____

Driver's License#: _____ (Please provide copy of driver's license) DOB _____

References (List all other Auctions You Attend):	Phone Number	Years Attending
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

By: _____
Signature of Authorized Agent