



DEALER APPLICATION

Date: _____ Auction# _____

Name of Dealership: _____

Address: _____ Office Phone: () _____ - _____

City: _____ State: _____ Zip: _____ Fax: () _____ - _____

Mailing Address: _____

Is Your Company A: () Corporation	() Partnership	() Sole Proprietorship
Type of Dealer: () Wholesale	() Retail	Date Business Opened: _____
Dealer License No: _____		Expiration Date: _____

OWNERS/OFFICERS

1. Name: _____ Social Security #: _____
 Home Address: _____ Date of Birth: _____
 City: _____ State: _____ Zip: _____ Driver's License: _____
 Home Phone: () _____ - _____ Cell Phone: () _____ - _____ Email: _____
 Signature: _____ Title: _____

2. Name: _____ Social Security #: _____
 Home Address: _____ Date of Birth: _____
 City: _____ State: _____ Zip: _____ Driver's License: _____
 Home Phone: () _____ - _____ Cell Phone: () _____ - _____ Email: _____
 Signature: _____ Title: _____

- Please Attach A Copy of the Following:
1. Dealer License
 2. Bond
 3. Driver's License for ALL owners & Representatives

AUTHORIZED REPRESENTATIVES

I do hereby authorize the following person or persons to buy and sell vehicles, to execute bill of sales, to execute checks or drafts, assignments or titles and warranties on the behalf of this dealership. In consideration of the auction permitting this person to participate as my representative at its sale, I hereby guarantee all transactions made by him. It is further understood that this information contained herein is guaranteed by me. This agreement is to continue in full force and effect until terminated by me or another owner or officer of this dealership, *in writing*, to the auction.

All representatives are automatically enrolled to receive text messages regarding sale updates, weather alerts, and specific sale-related issues as part of our service. You may opt out at any time by replying 'STOP' to any message.

Representative: Name: _____ Home Phone: _____
Address _____
City _____ State _____ Zip _____
Social Security # _____ Drivers License # _____
Pager# () _____ Mobile# () _____
Signature of Representative _____

Representative: Name: _____ Home Phone: _____
Address _____
City _____ State _____ Zip _____
Social Security # _____ Drivers License # _____
Pager# () _____ Mobile# () _____
Signature of Representative _____

Representative: Name: _____ Home Phone: _____
Address _____
City _____ State _____ Zip _____
Social Security # _____ Drivers License # _____
Pager# () _____ Mobile# () _____
Signature of Representative _____

I Plan to Pay By: () CASH * () CHECK () DRAFT () AFC **

*CASH CUSTOMERS: 1. Required to leave a \$1,000.00 deposit before entering the Auction. (Deposits will be returned at the end of the sale unless a vehicle is purchased on an "IF" in which your deposit will be held until the sale is finalized and you have paid for our vehicle.)

2. All vehicles must be paid for the night of the sale.

**AFC customers must inform the auction personnel in the office, when signing drafts on sale night, which drafts will be sent to AFC.

BANK INFORMATION

Bank Name _____ Phone # _____

Address _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____

Account # _____ Officers Name _____

AUCTIONS ATTENDED

Name _____ Phone # () _____

Name _____ Phone # () _____

Name _____ Phone # () _____

AUTHORIZATION FOR RELEASE OF CREDIT

Dealership Name: _____ Auction #: _____

Address: _____

Owner / Officer: _____

I agree to allow the auction to obtain credit information from any source on my company, myself and all representatives, for use in processing my application as well as periodic updates as deemed necessary.

Signature of Owner/Officer

Date

BANK CREDIT RATING

(To Be Completed By Bank Representative)

Dear Bank Representative,

The above Dealer is registered with *Mike Pedersen's Lake Charles Auto Auction* to purchase vehicles. It is necessary that we have an accurate credit report before we accept checks or drafts. Your prompt assistance in completing the following information will be very much appreciated.

Do you carry Floor Plan? _____ Maximum Dollar Amount _____

Are all drafts picked up within seventy-two (72) hours: _____ Address of Bank for Envelope sight Draft Collections: _____

Business Account # _____ Opened _____ Avg Balance \$ _____ Returns _____

Personal Account # _____ Opened _____ Avg Balance \$ _____ Returns _____

Savings Account # _____ Opened _____ Avg Balance \$ _____ Returns _____

Loans: Business Secured \$ _____ Unsecured \$ _____

Personal Secured \$ _____ Unsecured \$ _____

() We Do Recommend

() We Do Not Recommend

Signature of Bank Representative

Date

Printed Name of Bank Representative