

Telephone: 920-336-3121
Fax: 920-532-4588

FOX VALLEY AUTO AUCTION
3266 Williams Grant Drive
P. O. BOX 5275
De Pere, WI 54115

SALE DAY: TUESDAY 11:00 AM

PLEASE INCLUDE A COPY OF YOU CURRENT DEALER LICENSE, BUSINESS CHECK AND SALES TAX CERTIFICATE
ALSO INCLUDE A COPY OF DRIVERS LICENSE AND BUYERS LICENSE FOR ALL OWNERS, AND AUTHORIZED REPRESENTATIVES

REGISTRATION APPLICATION

Date: _____ Dealer #: _____ Expiration Date: _____
Company Name: _____
Business Address: _____
City: _____ State: _____ Zip: _____ Dealer #: _____
Mailing Address (If Different): _____
City: _____ State: _____ Zip: _____ Business Phone: () _____
Fax: _____ Federal ID #: _____ State Sales Tax Exemption #: _____
() Sole Owner () Partnership () Incorporated
Form of Payment Preferred: () Cash () Company Check () Floor Plan
Month/Year business opened (under this dealer number): _____ Used Cars () New Cars ()
If new cars, type of franchise: _____ Factory Dealer Number: _____

Owners and Officers

Print Name: _____ S.S #: _____
Resident Phone: () _____ Resident Address: _____
Position: _____ City: _____ State: _____ Zip: _____
Cell Phone #: () _____ Driver License #: _____
Print Name: _____ S.S #: _____
Resident Phone: () _____ Resident Address: _____
Position: _____ City: _____ State: _____ Zip: _____
Cell Phone #: () _____ Driver License #: _____

Additional Authorized Employees (Will Buy/Sell at Auction)

Name: _____ Name: _____
D.L #: _____ D.L. #: _____
S.S. #: _____ S.S #: _____

Bank Information

Primary Bank: _____ Bank Phone () _____
Address: _____ City: _____ State: _____ Zip: _____
Acct. #: _____ Date Opened: _____ Type of Account: _____
Bank Contact: _____
Secondary Bank (If Any): _____ Bank Phone () _____
Address: _____ City: _____ State: _____ Zip: _____
Acct. #: _____ Date Opened: _____ Type of Account: _____

Auction References

Auction Name: _____ City: _____ State: _____
Auction Name: _____ City: _____ State: _____
Auction Name: _____ City: _____ State: _____
Name of bonding/Insurance Company: _____ Policy #: _____
Address: _____ City: _____ State: _____ Zip: _____

Date: _____ Owner/Officer Signature: _____

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I HEREBY APPOINT FOX VALLEY AUTO AUCTION INC. AS MY AGENT IN FACT TO SIGN MY NAME TO THE CERTIFICATE OF TITLE IN REGISTRATION OR RELEASING MY INTEREST IN TRANSACTIONS RELATED TO THE BUYING AND/OR SELLING OF ANY VEHICLE REGISTERED WITH FOX VALLEY AUTO AUCTION INC.

SELLING COMPANY OR DEALER NAME:

NAME: _____

SIGNATURE: _____

FOX VALLEY AUTO AUCTION
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P.O. BOX 5275
DE PERE, WI 54115
PHONE: (920) 336-3121
FAX #: (920) 532-4588

DATE: _____

BANK NAME: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

BANK CONTACT: _____

ATTN: CREDIT DEPARTMENT

I HEREBY AUTHORIZE YOU TO RELEASE THE NECESSARY CREDIT INFORMATION TO FOX VALLEY AUTO AUCTION TO ENABLE US TO DO BUSINESS THERE WITH OUR BUSINESS CHECKING/FLOOR PLAN ACCOUNT.

ACCOUNT NUMBER: _____

ACCOUNT HISTORY: _____

ADDITIONAL ACCOUNTS: _____

FLOOR PLAN LIMIT: _____

YOUR PROMPT ATTENTION IN ANSWERING WILL BE APPRECIATED.
SINCERELY,

CUSTOMER SIGNATURE: _____

CUSTOMER NAME: _____

CUSTOMER PHONE:() _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____