



3266 Williams Grant Drive  
P. O. BOX 5275  
De Pere, WI 54115

SALE DAY: TUESDAY 10:45 AM  
Telephone: 920-336-3121  
Fax: 920-532-4588

**\*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:** \_\_\_\_\_



## Fox Valley Auto Auction

3266 Williams Grant Drive

P.O. Box 5275

De Pere, WI 54115

Phone: (920) 336-3121

Fax # : (920) 532-4588

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  
3266 WILLIAMS GRANT DRIVE  
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 WIHT 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: \_\_\_\_\_