



P.O. Box 36069, 8635 Brookville Road, Indianapolis, IN 46239 • Phone (317) 352-0121 • Sale Every Wednesday

Dear Future Customer and Friend,

We would like to take this opportunity to Thank You for choosing Auto Dealers Exchange to provide your Auction needs and services. Our staff eagerly anticipates fulfilling your requirements.

Please take a few minutes to complete the following forms and provide the necessary documentation. When you are finished please fax back all forms to the attention of Sheryl Gonzalez, Dealer Registration, at 317-356-6597, or email to SGonzalez@adeindy.com.

Thank you for your cooperation and we look forward to serving you and "Working Together".

Sincerely,

The Management and Staff at Auto Dealers Exchange

AUTO DEALERS EXCHANGE
NEW DEALER REGISTRATION
DATE: _____

COMPUTER NUMBER ASSIGNED BY ADE: _____

COMPANY NAME: _____
DBA: _____
BUSINESS ADDRESS: _____
CITY, STATE, ZIP: _____
MAILING ADDRESS: (if different from above) _____
BUSINESS PHONE: area code _____ phone number _____
FAX PHONE: area code _____ phone number _____
CELL PHONE: area code _____ phone number _____
EMAIL ADDRESS: _____

WHICH CATAGORY DESCRIBES THIS BUSINESS?

INCORPORATED _____ PARTNERSHIP _____ LIMITED LIABILITY COMPANY _____
SOLE PROPIETORSHIP _____

ARE YOU A LICENSED DEALER? YES _____ NO _____
DEALER LICENSE # _____ STATE ISSUED _____
FEDERAL ID # _____ STATE TAX NUMBER _____ STATE ISSUED _____

OWNER NAME: _____
OWNER SOCIAL SECURITY NUMBER: _____
OWNER HOME ADDRESS: _____
OWNER HOME PHONE NUMBER: _____ CELL NUMBER _____
DO YOU OWN THE BUSINESS REAL ESTATE: _____
SIGNATURE OF OWNER: _____

DATE THIS FIRM WAS ORGANIZED: _____ TYPE OF DEALER: NEW _____ USED _____ BOTH _____
ARE YOU LISTED IN DUN & BRADSTREET? Y N DO YOU HAVE A FLOORPLAN? _____
IF SO, WHO DO YOU FLOORPLAN WITH? _____
ARE YOU INTERESTED IN BUYING _____ SELLING _____ BOTH _____
DO YOU WISH TO PAY WITH CASH _____ OR CHECK _____
IS THIS ACCOUNT IN THE COMPANY NAME: YES _____ NO _____
BANK: _____ PHONE: _____
ADDRESS: _____ CITY, STATE, ZIP _____
BANK OFFICIAL: _____ ACCOUNT NUMBER: _____
BANK FAX NUMBER: _____

PLEASE LIST 3 AUCTIONS THAT YOU CURRENTLY ATTEND:

NAME: _____ ADDRESS _____
NAME: _____ ADDRESS _____
NAME: _____ ADDRESS _____

AUTO DEALERS EXCHANGE
NEW DEALER REGISTRATION
DATE: _____

COMPUTER NUMBER ASSIGNED BY ADE: _____

NAME OF PERSON BEING INTERVIEWED: _____
HOME ADDRESS: _____
HOME PHONE NUMBER: area code _____ phone number _____
CELL NUMBER: _____
DO YOU OWN YOUR RESIDENCE? _____
HOW LONG HAVE YOU LIVED AT THIS ADDRESS? _____

AUTHORIZED BUYERS AND SELLERS:

NAME: _____ SOCIAL SECURITY NUMBER: _____
HOME ADDRESS _____
CELL NUMBER: _____ SIGNATURE _____

NAME: _____ SOCIAL SECURITY NUMBER: _____
HOME ADDRESS _____
CELL NUMBER: _____ SIGNATURE _____

NAME: _____ SOCIAL SECURITY NUMBER: _____
HOME ADDRESS _____
CELL NUMBER: _____ SIGNATURE _____

NAME: _____ SOCIAL SECURITY NUMBER: _____
HOME ADDRESS _____
CELL NUMBER: _____ SIGNATURE _____

NAME: _____ SOCIAL SECURITY NUMBER: _____
HOME ADDRESS _____
CELL NUMBER: _____ SIGNATURE _____

NAME: _____ SOCIAL SECURITY NUMBER: _____
HOME ADDRESS _____
CELL NUMBER: _____ SIGNATURE _____

THE ABOVE DEALER, OR IT'S AUTHORIZED AGENT, GIVE AUTHORIZATION TO AUTO DEALERS EXCHANGE TO ACT AS THEIR AGENT IN REASSIGNMENT OF TITLES FOR VEHICLES SOLD AT ADE, AND TO HOLD ADE HARMLESS FROM ANY AND ALL LITIGATION RESULTING FROM SUCH ACT.

AUTO DEALERS EXCHANGE
NEW DEALER REGISTRATION

THE FOLLOWING INFORMATION IS REQUIRED IN ORDER TO REGISTER AT AUTO DEALERS EXCHANGE

PLEASE PROVIDE THE FOLLOWING:

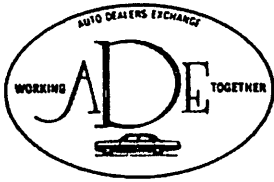
- COPY OF CURRENT DEALERS LICENSE
- COPY OF STATE TAX CERTIFICATION
- COPY OF RETAIL MERCHANTS CERTIFICATE (SHOWING FEDERAL ID NUMBER) – OUT OF STATE DEALERS PLEASE PROVIDE PROOF OF FEDERAL ID NUMBER
- COPY OF BUSINESS CHECK FOR THE ACCOUNT BEING USED TO PAY FOR PURCHASES
- COPY OF CURRENT BOND/OUT OF STATE DEALERS, PROOF OF INSURANCE
- COPY OF DRIVERS LICENSE FOR ALL OWNERS AND AUTHORIZED (BUYING AND/OR SELLING) AGENTS
- SOCIAL SECURITY NUMBERS FOR ALL OWNERS AND AUTHORIZED AGENTS
- AFTER INITIAL REGISTRATION, A LETTER ON COMPANY LETTERHEAD IS REQUIRED TO ADD OR DELETE ANY AGENT – THIS LETTER MUST BE SIGNED BY THE OWNER OR CONTROLLER.

FOR AUCTION INSURANCE PURPOSES ALL ORIGINAL BANK FORMS MUST BE SIGNED BY THE OWNER. REGISTRATION IS NOT COMPLETE UNTIL ALL REQUIRED DOCUMENTS ARE ON FILE.

*****PLEASE NOTE: IF YOU ARE A PNC CUSTOMER - A SEPARATE AUTHORIZATION IS INCLUDED AS PER PNC REQUIREMENTS - SIGNATURE, PRINTED NAME AND DATE BY OWNER/AUTHORIZED SIGNER. *****

IF YOU HAVE ANY QUESTIONS, PLEASE CALL ME AT 317-352-0121.

THANK YOU FOR BECOMING PART OF THE ADE FAMILY.
SHERYL GONZALEZ, DEALER REGISTRATION



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To Whom It May Concern:

I authorize you to release information regarding my account with your bank to Auto Dealers Exchange. This information will be asked periodically so they may better serve my needs to sell or purchase vehicles through their auction.

This original letter will be kept on file by Auto Dealers Exchange, and you may release this information for their use confidentially at their request. Should this change, you will be notified immediately.

Thank you for your cooperation regarding this request.

Sincerely,

X _____
(Company Name)

X _____
(Legal Name of Account)

X _____
(Signature)

X _____
(Printed Name)

X _____
(Date)

X _____
(Valid Email Address – Required)

Requirements of Auction Insurance Agency
Periodic Bank Inquiry Authorization
To be signed by Owner or Authorized Personnel of your
bank account
SIGN AND RETURN TO ADE

(Rev 3-2022)



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RE:

Gentlemen:

Inasmuch as we accept checks in payment of cars purchased and guarantee titles of cars sold, you can appreciate the necessity of our hereby giving notice of acquiring a purchase money security interest in each vehicle purchased by _____ at Auto Dealers Exchange, pending final payment being received by Auto Dealers Exchange, as well as the need of periodic re-evaluations.

We shall appreciate your co-operation by checking the appropriate spaces below for your current estimate of the above account, which information will be considered strictly confidential.

Thank you.

Very Sincerely yours,

Ruthleen L. Hines

Customer has been banking with you since _____
 Amount of floorplan, if any _____
 of Line of credit _____

The subject is () a valued customer with good reputation and financial responsibility
 () honest and reliable but short in capital
 () unknown to us
 () a new customer - our experience limited

The Account is () A regular customer () Satisfactory
 () A special account () Unsatisfactory
 () A loan account

Balances are, () Small () 3 figures () 6 figures
 () Medium () 4 figures () 7 figures
 () Large () 5 figures () 8 figures

Our loan experience () is satisfactory () customer has not borrowed
 () is not satisfactory

We feel this customer is entitled to: () Unlimited credit
 () Limited credit
 () Credit subject of frequent review

Number of NSF's in last 12 months () No credit - poor risk
 ()

**PLEASE RELEASE THE ABOVE INFORMATION TO:
 AUTO DEALERS EXCHANGE**

SIGNATURE *X* _____
 COMPANY: *X* _____

Remarks:

By _____



Form
ST-105D
State Form 51520
R2/ 5-05

Indiana Department of Revenue
Resale Certificate of Exemption
Sales to a Licensed Vehicle, Trailer or Watercraft Dealer Only
by an Indiana Automobile Auction or an Indiana Licensed Dealer

This form is to be used only by an Indiana automobile auction or an Indiana dealer to reflect sales of motor vehicles, trailers, or watercraft sold exempt from Indiana sales tax for purposes of the "resale" exemption per I.C. 6-2.5-5-8. The purchasers claiming the exemption must be a licensed dealer in their state of residence and must disclose their Federal Identification Number (FID#) and their state of residence Dealer License Number on this form, unless they possess an Indiana Taxpayer Identification Number (TID#). Failure to provide both numbers in lieu of an Indiana TID# will void the claimed exemption and the selling auction or dealer must collect the Indiana sales tax.

Purchaser's Name _____
Address _____
City _____
State _____ Zip _____
Phone # () _____ - _____

TID# _____
Indiana TID#
If not registered with IDOR, you must provide both numbers below.
FID# _____
Dealer# _____
State of Residence Dealer#

Is this a single purchase or blanket purchase exemption request? (Check One)

If single purchase indicate the VIN# or HIN# _____

Year, Make, and Model of single purchase _____
Year Make Model

If this is a **blanket purchase** the certificate of exemption request is applicable to all purchases unless otherwise instructed by the buyer.

I hereby certify under the penalties of perjury, that the property that is to be purchased by the use of this exemption certificate will be used for the purpose of immediate "resale."

If I am purchasing a **new motor vehicle(s)** for resale, I further certify that I possess a manufacturer's new vehicle dealer franchise to sell the type of vehicle purchased, as required per I.C. 6-2.5-5-8. Failure to possess a manufacturer's franchise to resell the type of vehicle being purchased, shall cause this exemption to become null and void. As a purchaser, I will become liable for the sales/use tax on such purchase, including penalties and interest.

Purchaser's Signature _____ Title _____

Printed Name _____ Date ____/____/____

The Selling Auction or Selling Dealer must retain this form to document the exemption.

Please check one:



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To Our Valued Customers

We at Auto Dealers Exchange, take pride in keeping our fees to a minimum. Due to increases in shipping and replacement title fees, we are implementing the following guidelines for title and check delivery.

Please choose one of the following:

1. Provide us with your UPS or Federal Express account number for overnight delivery.

- Federal Express Account # _____
 UPS Account # _____

2. Titles can be held at the auction available for pickup 5 days a week

3. We will ship via UPS ground and bill your receivable account

4. US Postal Mail is no charge but note the following exception

We will not be responsible for any cost to replace items not received

If we assist in getting replacement(s) you will be responsible for all fees incurred

Company Name _____

Ship to Address _____

UPS & FedEx will not deliver to a PO Box

Phone number _____

Please have an owner/controller sign and return this form as soon as possible by fax 317-356-6597 or mail. Thank you for your cooperation and as always, we at ADE strive to offer the best possible service.

Signature / Title

Printed Name



State of _____
 County of _____

TITLE CLERK AUTHORIZATION

I, _____ (Consignor)
 (Name) (Title) (Business Name)

do hereby duly authorize Auto Dealers Exchange and/or its employees to act as agent to sign all papers and documents that may be necessary pertaining to the sale and subsequent title transfer of the vehicles owned by Consignor and consigned to Auto Dealers Exchange Auto Auction for sale, including without limitations, any title, title transfer documents, reassignments or odometer disclosure statements as required by federal or state law.

LORI BURRIS, SUE BRICKER, MARCIA FOSTER, SHERYL GONZALEZ, LIZ DEBOARD, SHAWN WARD,
 KATHLEEN GOINS MYERS, KAREN GOINS RYAN, KASSIDY MYERS, GLORIA BURRIS, JOSH TAYLOR

In consideration of Auto Dealers Exchange Auto Auction's agreement to execute such documents on Consignor's behalf from time to time, Consignor shall indemnify, defend and hold harmless Auto Dealers Exchange Auto Auction, its affiliates, subsidiaries, officers, directors, employees, successors and assigns from and against any and all loss, damages, liability, claims, causes of action and expenses of whatever kind or nature, arising from the execution of transfer ownership of any consigned vehicle or from the execution by Auto Dealers Exchange Auto Auction or its employees or agents of any certificate of title, odometer statement, bill of sale or other document necessary to transfer ownership of a consigned vehicle. Notwithstanding the foregoing, nothing contained herein shall be construed to require Consignor to indemnify Auto Dealers Exchange Auto Auction from any loss resulting from any gross negligence or willful misconduct of Auto Dealers Exchange Auto Auction or its employees or agents.

Consignor further agrees to guarantee and save the authorities of any state requested to process such transfer of title from all responsibility with respect to this Title Clerk Authorization.

Witness my hand and seal
 Affixed this _____ day of
 _____, 20 _____.

X _____
 Signature

Notary Public Signature: _____
 Printed Name: _____
 Commission Expiration: _____

X _____
 Printed name & Position