

401 Auto Dealers Exchange

60 Rigney Street, Kingston, Ontario K7K 6Z2

Tel: 1-866-315-4182

Fax: 613-536-1044

Website: www.401ade.com

REGISTRATION FORM

Date: _____ Customer # _____

Business Type: please check one

New Car Used Car Fleet/Lease Bank/Trustee

Company Name: _____

Address: _____ City: _____

Province: _____ Postal Code: _____

Telephone #: _____ Fax #: _____

Dealer License #: _____ RIN #: _____

HST #: _____

Insurance Co: _____ Policy # _____ Expiry _____

Owner / Manager: _____ Title: _____

Signature: _____

Representatives & Responsibilities (as they relate to the auction)

1. Name: _____ Title: _____ Salesman License #: _____

Phone #: _____ Ext. _____ Fax #: _____

Email: _____ Cellular / Pager: _____

Buyer Seller Signing Authority Signature: _____

2. Name: _____ Title: _____ Salesman License #: _____

Phone #: _____ Ext. _____ Fax #: _____

Email: _____ Cellular / Pager: _____

Buyer Seller Signing Authority Signature: _____

3. Name: _____ Title: _____ Salesman License #: _____

Phone #: _____ Ext. _____ Fax #: _____

Email: _____ Cellular / Pager: _____

Buyer Seller Signing Authority Signature: _____

We (I) certify the above information is true and correct. We (I) understand that the above information is furnished to 401 Auto Dealers Exchange to insure our (my) cheques and or registrations. We (I) agree to notify 401 Auto Dealers Exchange in writing in the event there is any change of facts as set out and assume responsibility to do so. We (I) hereby appoint, nominate, constitute the persons acting from time to time, respectively, as principal, manager, and or employee of our true and lawful attorney for us and in our place and stead and in our name to sign with the same force and effect as if done by us the vehicle registration (if necessary) and the sales agreement, etc. in the form used by 401 Auto Dealers Exchange, the undersigned undertaking to abide by the terms and conditions of said form of Sales Agreement.

SALE EVERY TUESDAY – 10:00 AM SHARP