

2668 US Highway 601 S, Mocksville, NC 27028 Phone: 336-284-4000 Fax: 336-284-4093 www.BlackyardAutoAuctions.com SALE EVERY WEDNESDAY AT 2:30PM

## Welcome to Blackyard Auto Auctions

We have included a checklist of our required documents that will simplify the registration process. We hope you are familiar with the ítems listed below. If you have any questions, do not hesitate to ask. We also offer AWG Simulcast. In addition to the providing the information below, make sure to enroll for online use as well at www.byaa.autoremarketers.com Thank you for choosing Blackyard Auto Auctions!

# **REGISTRATION CHECKLIST**

\_\_\_\_Application

\_\_\_Representative/Agent Authorization

\_\_\_\_Completed Bank Reference Form (For Check Writing Privileges)

\_\_\_\_Credit Report Authorization (For Check Writing Privileges)

\_\_\_\_\_Title Delivery Preferences

\_\_\_W-9

\_\_\_\_Power of Attorney

\_\_\_\_Copy of State Dealer License

\_\_\_\_Copy of Drivers License of Dealer Principal and All Agents

\_\_\_Copy of Salespersons License (If Applicable)

\_\_\_Copy of Articles of Incorporation (If Applicable)



## **Business Information:**

| Business Name:                                                                                                                 | De                                                     | aler #                                | Years in Busi                              | ness                        |
|--------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|---------------------------------------|--------------------------------------------|-----------------------------|
| Business<br>Address:                                                                                                           | City                                                   | City                                  |                                            | Zip                         |
| Business Phone:                                                                                                                |                                                        |                                       |                                            |                             |
| Dealer License Type                                                                                                            |                                                        |                                       |                                            |                             |
| Sole Proprietor, Partnership,                                                                                                  | Corporation, LLC (please li                            | ist)                                  |                                            |                             |
| Personal Information                                                                                                           | ::                                                     |                                       |                                            |                             |
| Owners Name:                                                                                                                   | DOB                                                    | DL#                                   | SS#                                        |                             |
| Home Address:                                                                                                                  | City                                                   |                                       | State                                      | Zip                         |
| Home Phone:                                                                                                                    | Email                                                  |                                       |                                            |                             |
| Please list any addl Owner Ir                                                                                                  | formation if applicable                                |                                       |                                            |                             |
| Banking Information                                                                                                            |                                                        |                                       |                                            |                             |
| Bank Name:                                                                                                                     |                                                        | nd Phone:                             |                                            |                             |
| Address:                                                                                                                       | City                                                   |                                       | State                                      | Zip                         |
| ALL DEALERSHIPS WILL INITIALLY<br>APPROVED BY MANAGEMENT. F                                                                    |                                                        | -                                     | -                                          |                             |
| WILL BE APPROVED BY MANAGEN                                                                                                    |                                                        |                                       | NET DASIS. CHECK WA                        |                             |
| DEALERS HEREBY REPRESENTS TH<br>IS YOUR RESPONSIBILITY TO ADV                                                                  |                                                        |                                       | AND ACCURATE. PLE                          | ASE UNDERSTAND I            |
| Applicant Signature:                                                                                                           |                                                        | Date                                  |                                            |                             |
| BYAA RESERVES THE RIGHT TO RE<br>REPRESENTATIVES HAS BEEN SUB<br>BEEN FILED AGAINST YOUR DEALI<br>OUTSTANDING CIVIL OR CRIMINA | JECT TO ANY DMV ADMINISTR<br>ER BOND, HAD A BOND CANCE | ATIVE, REGULATOR<br>LLED BY A BOND CC | Y, OR CRIMINAL ACTIO<br>MPANY, HAS ANY PRI | ON, IF A CLAIM HAS<br>OR OR |

POTENTIAL ARBITRATION UNWINDS, LOSSES ON RESALE OR ANY OTHER SERVICES RENDERED BY BYAA.



## **BANK AUTHORIZATION LETTER**

### To Whom It May Concern:

To enable check writing privileges at Blackyard Auto Auctions LLC (BYAA) for the undersigned dealership and enhance its ease of paying for Auction transactions and services, you are hereby authorized to share the information requested below with BYAA.

- Release financial credit information, including account statements and credit reports to BYAA and its chosen Auction Insurance Agency.
- Include the information below and in the attached bank reference letter (if applicable) regarding the undersigned dealership and its business checking and other accounts as requested by BYAA and its chosen Auction Insurance Agency.

This information will be used for business purposes in connection with BYAA and the ability to obtain check writing priveleges for the undesigned dealership at BYAA.

| Dealership Name:                            | Dealer              | r Prinicpal:                               |
|---------------------------------------------|---------------------|--------------------------------------------|
| Dealer Principal Signature:                 |                     | Date:                                      |
| Bank Information:(to be completed           | by authorized b     | bank or account representative)            |
| Bank Name                                   | Branch Addre        | 2SS                                        |
| Account Number                              | Avg 6 m             | onth balance                               |
| NSF's in past 6 months                      |                     |                                            |
| I hereby certify as a representative from t | the above financial | l institution the information is accurate. |
| Bank Representative Name (printed)          |                     |                                            |
| Signature                                   | Title               | Date                                       |

We want to advise you that BYAA will not share this document or any of the information provided with the above Dealership. We apprecaite your truthfulness in the facts of this document.



## **Individual Consumer Report Authorization**

By his or her signature below, the undersigned individual hereby authorizes Blackyard Auto Auctions LLC (BYAA) to obtain when they deem necessary, until this authorization is revoked in writing, a consumer report from all (3) Major Credit Reporting Agencies. The undersigned acknowledges that these consumer reports are being obtained and reviewed solely for assisting BYAA Management in making sound credit decisions in relation to current and future transactions and potential credit and check writing privileges. BYAA will not share these reports with any other Auction or agency unless advised in writing by the undersigned individual.

| Dealership Name:                              | Dealer Prinicpal: |
|-----------------------------------------------|-------------------|
| Dealer Principal Signature:                   | Date:             |
| Please list all dealerships you are associate | d with:           |
| Dealership Name                               | Address           |
| Auction Access Number                         |                   |
| Dealership Name                               | Address           |
| Auction Access Number                         |                   |
| Dealership Name                               | Address           |
| Auction Access Number                         | _                 |



### **Individual Representative Authorization**

As the Dealer Principal, I hereby authorize the following individuals to conduct business on my dealership's behalf. I agree to honor all bids, transactions and checks presented to Blackyard Auto Auctions LLC (BYAA) for payment or purchases and services.

\* I fully agree that I shall immediately notify BYAA in writing, in the event any of these individual(s) are no longer authorized to conduct business on behalf or under my dealership.

\* I understand (as the Dealer Principal) that any of the individuals listed below are authorized to Buy, Sell, pick up or drop off titles, and collect sale proceeds (sale checks) unless otherwise stated in writing to BYAA MANAGEMENT.

\* The following documents are required for any and all individuals listed below:

- 1) Copy of States Salespersons License (if applicable), which is required in NC.
- 2) Copy of valid state drivers license

| 1)NAME | ADDRE            | SS                |  |
|--------|------------------|-------------------|--|
| DL #   | EXPIRATION       | SALESPERSON LIC # |  |
| DOB    | AUCTION ACCESS # | SS#               |  |
| PHONE  | EMAIL            | SIGNATURE         |  |
| 2)NAME | ADDRE            | SS                |  |
| DL #   | EXPIRATION       | SALESPERSON LIC # |  |
| DOB    | AUCTION ACCESS # | SS#               |  |
| PHONE  | EMAIL            | SIGNATURE         |  |
| 3)NAME | ADDRE            | SS                |  |
| DL #   | EXPIRATION       | SALESPERSON LIC # |  |
| DOB    | AUCTION ACCESS # | SS#               |  |
| PHONE  | EMAIL            | SIGNATURE         |  |
|        |                  |                   |  |

BYAA would like to remind you (for your own protection) to be mindful of who you authorize to do business under your license. Please understand that as the Dealer Principal, you are ultimately responsible for any and all transactions that are conducted or represented by any of the above individuals. Thank you.

#### Dealer Principal Signature:

| Name (printed) | Signature | Date |
|----------------|-----------|------|
|                | 0.8       |      |



### **Title Delivery Method:**

Please advise us how you would like your titles handled at BYAA. Please note, if regular mail is your preferred method, BYAA will mail it out but cannot be held responsible for lost or stolen titles. If you prefer Fed Ex or UPS, Please provide your Acct # for them below.

| Fed Ex # |      |      |      |
|----------|------|------|------|
| UPS #    | <br> | <br> | <br> |
|          |      |      |      |
|          |      |      |      |

| Name(printed) | Signature | Date |
|---------------|-----------|------|
|               |           |      |

| ge 2.                                              | 2 Business name/disregarded entity name, if different from above                                                                                                                                                                                                                                                             |                |                                                                                                                                       |
|----------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|---------------------------------------------------------------------------------------------------------------------------------------|
| Print or type<br>See Specific Instructions on page | Check appropriate box for federal tax classification; check only <b>one</b> of the following seven boxes:     Individual/sole proprietor or     C Corporation     S Corporation     S Corporation     Partnership     Single-member LLC                                                                                      | Trust/estate   | 4 Exemptions (codes apply only to<br>certain entities, not individuals; see<br>instructions on page 3):<br>Exempt payee code (if any) |
|                                                    | <ul> <li>Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnersh</li> <li>Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the tax classification of the single-member owner.</li> <li>Other (see instructions) ►</li> </ul> | ···            | Exemption from FATCA reporting<br>code (if any)<br>(Applies to accounts maintained outside the U.S.)                                  |
| P<br>pecific                                       | 5 Address (number, street, and apt. or suite no.)     Request                                                                                                                                                                                                                                                                |                | and address (optional)                                                                                                                |
| See <b>SI</b>                                      | 6 City, state, and ZIP code                                                                                                                                                                                                                                                                                                  |                |                                                                                                                                       |
|                                                    | 7 List account number(s) here (optional)                                                                                                                                                                                                                                                                                     |                |                                                                                                                                       |
| Par                                                | t I Taxpayer Identification Number (TIN)                                                                                                                                                                                                                                                                                     |                |                                                                                                                                       |
|                                                    | your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avo                                                                                                                                                                                                                                 |                | curity number                                                                                                                         |
| reside                                             | up withholding. For individuals, this is generally your social security number (SSN). However, for<br>ent alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other<br>es, it is your employer identification number (EIN). If you do not have a number, see <i>How to get</i>         |                |                                                                                                                                       |
| TIN oi                                             | n page 3.                                                                                                                                                                                                                                                                                                                    | or             |                                                                                                                                       |
|                                                    | If the account is in more than one name, see the instructions for line 1 and the chart on page lines on whose number to enter.                                                                                                                                                                                               | 4 for Employer | - dentification number                                                                                                                |

#### Part II Certification

Under penalties of perjury, I certify that:

- 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- 3. I am a U.S. citizen or other U.S. person (defined below); and

4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

| Sign | Signature of  |  |
|------|---------------|--|
| Here | U.S. person ► |  |

### **General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at *www.irs.gov/fw*9.

#### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

#### Date 🕨

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),

2. Certify that you are not subject to backup withholding, or

3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.



### HOLD HARMLESS, INDEMNITY, AND LIMITED POWER OF ATTORNEY TO TRANSFER A MOTOR VEHICLE TITLE AFTER VEHICLE IS SOLD AT AUCTION

To whom it may concern:

I, \_\_\_\_\_\_ the undersigned of \_\_\_\_\_\_

appoint Blackyard Auto Auctions LLC, located at 2668 U.S. Highway 601 South, City of Mocksville, County of Davie, State of North Carolina, as my attorney in fact to sign all papers and documents that may be necessary in order to transfer ownership on motor vehicles sold at Blackyard Auto Auctions LLC. Further, Dealer will defend, Indemnify, and hold harmless either the auction's agents from all losses or expenses incurred by the auctions as a result of either auctions acting as dealer's agent pursuant to this agreement, including all expenses and attorney's fees incurred by auction, unless caused by the auction's own negligence.

| Name of Dealer                                                         | Phone    |            |
|------------------------------------------------------------------------|----------|------------|
|                                                                        |          |            |
|                                                                        | Ву:      |            |
| State of                                                               |          |            |
| County                                                                 |          |            |
| Be it remembered that on this<br>Subscriber personally came before me. | _ day of | , A.D, the |
| Notary Public                                                          |          |            |
| My commission expires on                                               |          |            |