



**PO Box 445, Route 51 South
3447 Pittsburgh Road
Perryopolis, PA 15473**

**Phone: (724) 736-4445/1-800-735-5288
Fax: (724) 736-0466
Website: perryautoauction.com**

**PLEASE ENCLOSE THE FOLLOWING INFORMATION
ALONG WITH YOUR REGISTRATION PAPERS:**

- **COPY OF COMPANY CHECK (UNLESS PAYING WITH CASH.)**
- **COPY OF CURRENT DEALERS LICENSE.**
- **COPY OF SALESMAN(S) LICENSE FOR ALL SALESMEN THAT ARE AUTHORIZED UNDER YOUR DEALERSHIP.**
- **COPY OF CURRENT DRIVERS LICENSE**
- **BANK REFERENCE LETTER STATING:**
 - 1. OPENING DATE OF ACCOUNT**
 - 2. AVERAGE BALANCE**
 - 3. RATING**

**NOTE: ALL REQUIRED PAPERWORK MUST BE
COMPLETED IN ORDER TO PROCESS YOUR ACCOUNT.**

**THANK YOU FOR CHOOSING PERRYOPOLIS AUTO
AUCTION. IF YOU HAVE ANY QUESTIONS, PLEASE DO
NOT HESITATE TO CALL.**



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DEALER REGISTRATION

COMPANY NAME _____ OWNER'S NAME _____
ADDRESS _____ DATE _____
CITY _____ STATE _____ ZIP CODE _____
BUSINESS PHONE: AREA CODE _____ PHONE _____ SALE TAX EXEMPTION NO. _____
YEARS IN BUSINESS _____ COMPANY REPRESENTATIVE _____

INCORPORATED PARTNERSHIP SOLE OWNERSHIP

DEALER D.I.N. NUMBER _____ TYPE OF DEALER: NEW USED

IS ACCOUNT IN COMPANY NAME? YES NO ACCOUNT NO. _____

BANK _____ TELEPHONE: AREA CODE _____ NUMBER _____

BRANCH NAME _____ CITY _____ STATE _____ ZIP CODE _____

STREET _____

DO YOU FLOOR CARS? YES NO IF YES, WHAT FINANCE COMPANY _____

PLEASE SEND A COPY OF DEALER LICENSE AND COMPANY CHECK _____

RESIDENCE ADDRESS _____ OWNER'S NAME _____

CITY _____ STATE _____ ZIP CODE _____

RESIDENCE TELEPHONE INCLUDING AREA CODE _____

WE ARE INTERESTED IN BUYING SELLING BOTH

OTHER AUCTIONS ATTENDED:

Upon authorization to conduct business at the Perryopolis Auto Auction, the applicant agrees to abide by all auction policies and procedures specifically those concerning odometer tampering which if violated could cause suspension of trading privileges, a monetary penalty assessment for related expenses and repurchase of any odometer tampered vehicle sold by the applicant. The applicant also acknowledges receipt of the Perryopolis Auto Auction Policies.

APPLICANT SIGNATURE _____ TITLE _____ DATE _____



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BANK AUTHORIZATION

The undersigned, _____
hereby authorizes you and your assigns or any other agency employed by
either of you. To disclose to this interested party your experience with the
undersigned accounts.

Customer Signature

Bank Name: _____

Account #: _____

Opening date: _____

Average bal: _____

NSF: _____

Rating: _____

Rep signature: _____



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REPRESENTATIVE'S AUTHORIZATION

Dealership Name _____

Owner's Name _____

I hereby authorize:

NAME	SIGNATURE	LICENSE NUMBER

to be my representative(s) at the Perryopolis Auto Auction. This means I will be fully responsible for every transaction that he/she transacts at the Perryopolis Auto Auction, including any transactions involving odometer tampering.

OWNER'S SIGNATURE

ADDRESS

DATE