



# OVE REQUEST FORM

FORM MUST BE COMPLETED FOR EACH UNIT TO LIST VEHICLES

Dealership Name: \_\_\_\_\_

Contact Email: \_\_\_\_\_ Auction Access Number: \_\_\_\_\_

Contact Telephone: \_\_\_\_\_ Vehicle Location: Dealership  Auction

Year/Make/Model: \_\_\_\_\_

Last 6 of VIN: \_\_\_\_\_ Floor Price: \_\_\_\_\_

Virginia Title?

Yes  No

Location of Title:

Dealership  Auction  Absent

Does vehicle have frame or unibody damage?

Yes  No

Is the vehicle odometer functional?

Yes  No

How would you like to represent this vehicle?

Green Light  As Is

How would you like to us to list this vehicle?

Bid Only  Buy Now  Make Offer

Notes/Comments: \_\_\_\_\_

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Completed By: \_\_\_\_\_ Date: \_\_\_\_\_