

Dealership Information

Company Legal Name

DBA (if applicable)

Street Address

Address 2

City

State

County

Zipcode

Phone Number

Fax Number

Email Address

Dealership Business Website

Time in Business

Years at Current Location

Business Type

Corporation Partnership Sole Proprietorship LLC

Amount Requested

How did you hear about us?

Applicant/Guarantor Information

First Name

Last Name

Title

SS#

Phone Number

Email Address

Street Address

Address 2

City

State

Zipcode

Co-Applicant/Guarantor Information

First Name

Last Name

Title

SS#

Phone Number

Email Address

Street Address

Address 2

City

State

Zipcode

References

Auction Reference

Phone Number

Auction Reference 2

Phone Number

Auction Access Number

Signature

Applicant/Guarantor Signature

Date

Co-Applicant/Guarantor Signature

Date

By checking this box, I affirm that all information provided on this application is complete and accurate to the best of my knowledge.