

AUGUSTA AUTO AUCTION



1200 East Buena Vista Dr. N. Augusta, SC 29841
(803) 279-3234 (800) 536-3234 fax (803) 279-7191

Dealer Registration Form

All vehicle purchases will be paid for on sale day. Checks for title attached vehicles will be held until the title is turned into the Auction. Dealer registration form must be filled out completely. We must have owner's social security number along with each representative. Only 4 agents plus owner per registered dealership. Owner's signature is required on registration form where applicable.

DEALER INFORMATION

Legal Business Name _____ DBA (if applicable) _____ Date business started _____

Address _____ City _____ State _____ Zip _____

Special Mailing Address (if applicable) _____ City _____ State _____ Zip _____

Telephone # _____ Fax # _____ E-Mail Address _____

Business Type: Sole Proprietorship Partnership Corporation Limited Liability

Dealer Type: New Used Lease Wholesale

Dealer Permanent ID# _____

Federal Taxpayer Identification # (Social Security #, if Sole Proprietorship) _____

State Taxpayer Identification # _____ Date Established _____

Dealer License # _____ License Expiration Date _____

Dealer Tag # _____ Tag Expiration Date _____

Liability Insurance Company _____ Policy # _____

Check All That Apply: Do you expect to: Buy Sell

Payment Method: Cash Checks (on approval) Floorplan Company

Choose A Method to Process Your Checks and Titles: Overnight (UPS) Delivery (\$15.00 rate billed to your acct.) Mail Daily Hold For Pickup

OWNER INFORMATION

(1) Name _____ % of Ownership _____

Home Address _____ City _____ State _____ Zip _____

Home Telephone # _____ Cell Phone # _____ D.O.B. _____

Social Security # _____ Driver's License # _____ Driver's License State _____

Owns Business Real Estate: Yes No Owns Residence: Yes No # of Years at Residence: _____

(2) Name _____ % of Ownership _____

Home Address _____ City _____ State _____ Zip _____

Home Telephone # _____ Social Security # _____ D.O.B. _____

Driver's License # _____ Driver's License State _____

Owns Business Real Estate: Yes No Owns Residence: Yes No # of Years at Residence: _____

AUCTION USE ONLY

COMPUTER # _____

DEALER # _____

REG. DATE _____

NEW () UPDATE ()

Please make sure all required documents are returned with this form.

REQUIRED DOCUMENTS:

- Copy of Dealer License
- Dealer Permanent ID#
- Copy of Sales Tax Certification
- Copy of Drivers License (all agents)
- Copy of Business Check
- Employer Federal Identification No.
- ICC # - When Applicable
- PSCI # - When Applicable

PERSONAL GUARANTY

In consideration of Auction allowing Dealer to buy and sell motor vehicles through Auction, the undersigned, whether one or more, personally covenant, guarantee and warrant that the title to each vehicle sold by dealer through Auction will be good and will be free and clear of all liens and encumbrances, whatsoever. The undersigned unconditionally agrees to reimburse Auction for any loss, damage, expense, or costs, including attorney's fees, incurred by Auction as a result of breach of the foregoing warranty of title as to any such motor vehicle.

The undersigned further guarantees full payment of any debts of Dealer to Auction, including any checks or drafts issued by Dealer or any of Dealer's representatives, together with any loss or expense incurred by Auction in collecting or attempting to collect such debt, including attorney's fees.

The undersigned further guarantees the Odometer Mileage Statements given by or in behalf of the Dealer in all sales of motor vehicles by it through Auction, and agrees to reimburse, indemnify and hold harmless the Auction from all losses and expense caused it by any such Odometer Mileage Statement which proves to be false or inaccurate, including payments made by the Auction under any Odometer Statement Guaranty issued by it in connection with any such sale, as well as any expense or costs incurred by Auction in collection or attempting to collect such losses, including attorney's fees.

The undersigned acknowledges that Auction shall have the right to refuse to transact business with Dealer, to modify or release any and all collateral security, to extend or change time of payment and to settle or compromise with Dealer without notice to the undersigned and without discharging or affecting the liability of the undersigned hereunder. This guaranty is to be a continuing guaranty and the undersigned hereby waives notice of acceptance of this guaranty and the bankruptcy or any assignment in favor of Creditors of Dealer shall affect the enforceability of this agreement.

This instrument shall bind the respective heirs, executors, administrators, and assigns of the undersigned, and shall ensure to the benefit of Auction, its successors, assigns, and subrogees.

Where there is more than one signatory to this agreement each signatory shall be jointly and severally liable under this agreement.

IN WITNESS WHEREOF, the undersigned has (have) executed this personal guaranty this _____ day of _____, 200_____.

(Printed name of first owner)

(Witness printed name)

(Signature of first owner)

(Witness signature)

(Printed name of second owner)

(Witness printed name)

(Signature of second owner)

(Witness signature)

POWER OF ATTORNEY OF

*Dealership _____

To: AUGUSTA AUTOAUCTION, INC., Attorney-in-Fact

The undersigned hereby appoints AUGUSTA AUTO AUCTION, INC., 1200 E. Buena Vista Dr., N. Augusta, SC 29841, as my attorney-in-fact in all transactions in which i am the "transferee" (buyer) of a motor vehicle that is subject to federal and state laws and related regulations regarding odometer disclosure requirements to perform for me and in my name all acts and duties imposed upon a transferee by said laws and regulations, as amended, modified, and/or clarified from time to time or as affected by the lapse of Indiana's extension of time to bring it's title documents into compliance with federal requirements.

I reserve the power to act on my own behalf and to revoke the power given in this instrument.

I may revoke this instrument by delivering written notice of revocation to AUGUSTA AUTO AUCTION, INC. The written revocation must be delivered by hand or sent by certified mail, return receipt requested, to AUGUSTA AUTO AUCTION, INC.

Any act or thing lawfully done by my attorney-in-fact under this instrument shall be binding on me and on my heirs, assigns and legal representatives.

This Power of Attorney shall be affected by my disability or incapacity or by lapse of time.

Signed this _____ day of _____, 20_____, with no counterparts.

Dealership* _____ By: X _____ Title _____

By: X _____ Title _____

Dealership Identity Number (If Any) _____ Dealership's Address _____

*For purposes of this instrument, the term "Dealership" includes all types of business associations including, but not limited to, entities such as corporations and partnerships.

State of South Carolina)
) SS:
County of _____)

Before me, the undersigned, a Notary Public in and for said County and State, this _____ day of _____, 20_____, personally appeared the Grantor named above, and acknowledged the execution of this Power of Attorney to be the voluntary act and deed of the Grantor, for the uses and purposes therein stated.

IN WITNESS WHEREOF, I have set my hand and official seal the day and year last above written.

My Commission Expires _____

Notary Public

Resident Of: _____

DEALER CREDIT / BANK INFORMATION

(1) **BANK** _____ Name of Contact _____
Address _____ City _____ State _____ Zip _____
Telephone # _____ Fax # _____ Date Acct. Opened _____
Account # _____ Checking Routing # _____

(2) **BANK** _____ Name of Contact _____
Address _____ City _____ State _____ Zip _____
Telephone # _____ Fax # _____ Date Acct. Opened _____
Account # _____ Checking Routing # _____

AUTHORIZATION FOR BANK INFORMATION

To whom it may concern:

I hereby authorize you to release the necessary credit information to this auction to enable us to do business there with our business checking account.

ACCT: _____ Dealership _____

Your prompt attention will be greatly appreciated.

Sincerely, (signature) _____

FINANCE or FLOOR PLAN CO. _____ Name of Contact _____
Address _____ City _____ State _____ Zip _____
Telephone # _____ Fax # _____ Date Acct. Opened _____
Account # _____ Credit or Floorplan Limit _____ How Long Doing Business _____

AUTHORIZATION OF RELEASE

Please check and sign : I hereby authorize the release of necessary credit information to Augusta Auto Auction including our business/ personal credit history, obtaining credit bureau reports, to enable us to do business there for the purpose of extending credit or assigning application to a floorplaning company.

Must be signed & dated
by dealer.

Signature: _____ Date _____

Franchise dealerships
not required.

I hereby **DECLINE** the release of necessary personal credit information to Augusta Auto Auction.

Signature: _____ Date _____

The undersigned dealer ("Dealer") acknowledges receipt of Augusta Auto Auction's Terms and Conditions, which set forth the terms and conditions under which Dealer may conduct business at Augusta Auto Auction, and, by executing and submitting to Augusta Auto Auction this Dealer Application, and by subsequent use of Augusta Auto Auction's Card issued to Dealer upon approval of this Dealer Application, Dealer agrees to the Auction Terms and Conditions which may be changed from time to time.

(If a sole proprietorship) Printed name of Dealer _____
Signature of Dealer _____

(If corporation, partnership, limited liability company or some entity other than a sole proprietorship)

ATTEST:

By: _____
(Signature of officer, etc.)

(Printed name and title of officer, etc.)

By: _____
(Printed name of corporation, etc.)

(Signature of officer, etc.)

(Printed name and title of officer, etc.)

AUTHORIZED REPRESENTATIVES

1
First Name _____ Middle _____ Last _____ Suffix _____

Title _____ SS# _____ Date of Birth _____

Home Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Driver's License # _____ Issue Date _____ Exp. Date _____ State _____

Salesman's License # _____ Issue Date _____ Exp. Date _____ State _____

Authorized to: (check all that apply): BUY CARS SELL CARS SIGN CHECKS

Representative Name (Printed) _____ **Representative Signature** _____

Officer/Owner Name _____ **Officer Signature** _____

2
First Name _____ Middle _____ Last _____ Suffix _____

Title _____ SS# _____ Date of Birth _____

Home Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Driver's License # _____ Issue Date _____ Exp. Date _____ State _____

Salesman's License # _____ Issue Date _____ Exp. Date _____ State _____

Authorized to: (check all that apply): BUY CARS SELL CARS SIGN CHECKS

Representative Name (Printed) _____ **Representative Signature** _____

Officer/Owner Name _____ **Officer Signature** _____

3
First Name _____ Middle _____ Last _____ Suffix _____

Title _____ SS# _____ Date of Birth _____

Home Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Driver's License # _____ Issue Date _____ Exp. Date _____ State _____

Salesman's License # _____ Issue Date _____ Exp. Date _____ State _____

Authorized to: (check all that apply): BUY CARS SELL CARS SIGN CHECKS

Representative Name (Printed) _____ **Representative Signature** _____

Officer/Owner Name _____ **Officer Signature** _____

4
First Name _____ Middle _____ Last _____ Suffix _____

Title _____ SS# _____ Date of Birth _____

Home Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Driver's License # _____ Issue Date _____ Exp. Date _____ State _____

Salesman's License # _____ Issue Date _____ Exp. Date _____ State _____

Authorized to: (check all that apply): BUY CARS SELL CARS SIGN CHECKS

Representative Name (Printed) _____ **Representative Signature** _____

Officer/Owner Name _____ **Officer Signature** _____