

Dealer Application

CENTRAL PA AUTO AUCTION, INC.

Please return the following with applications:

- Copy of Dealer Lot License
- Copy of Dealer Salesman License
- Copy of Checks
- Copy of Drivers License

Exit 178 Interstate 80

P.O. Box 41 Lock Haven, PA 17745

TOLL FREE 800-248-8026 or 570-726-4300

FAX 570-726-7841

www.cpaautoauction.com

Business Name: _____ Email Address: _____

Address: Street _____ City _____ State _____ Zip _____

Business Phone () _____ Business Fax () _____

PA Dealer I.D. # 85- _____ # 86- _____ Other State I.D. # _____

Owner's Name: 1. _____ 2. _____

Owner's Address: _____

Soc. Sec # _____ Ph. C or H _____ Soc. Sec # _____ Ph. C or H _____

Driver's Lic. # _____ State _____ Driver's Lic. # _____ State _____

Company or Corp. EIN # _____

Bank _____ Acct # _____ Checking () Other ()

Address: Street _____ City _____ State _____ Zip _____ Ph. _____

I desire to pay with CASH () CHECK () BOTH () FLOORPLAN ()

Please List Other Auctions Where You're Business is Registered

1. _____ Location: _____ 2. _____ Location: _____

3. _____ Location: _____ 4. _____ Location: _____

How did you find out about our auction? _____

Authorized Buyers and Sellers (Print & Sign)

1. Print Name _____ Signature _____ Salesman's Lic # _____

2. Print Name _____ Signature _____ Salesman's Lic # _____

3. Print Name _____ Signature _____ Salesman's Lic # _____

4. Print Name _____ Signature _____ Salesman's Lic # _____

I do hereby authorize the above named bank to release credit information regarding my accounts, To Central Pa Auto Auction, Inc. _____

Owner or Authorized Officer Signature

Date

Bank Use Only

Years Experience with Above Dealer: _____ Account Type: _____

Average Checking Balance Year to Date: \$ _____

Floor Plan or LOC Amount: \$ _____ Floor Plan or LOC Current Bal: \$ _____

Your Rating or Comment: _____

Bank Official Signature

Date