



P.O. Box 39069, 8800 Brookville Road, Indianapolis, IN 46239 • Phone (317) 352-0121 • Sale Every Wednesday

Dear Future Customer and Friend,

We would like to take this opportunity to Thank You for choosing Auto Dealers Exchange to provide your Auction needs and services. Our staff eagerly anticipates fulfilling your requirements.

Please take a few minutes to complete the attached forms and provide the required documentation. When you are finished please fax the appropriate forms and documentation to Marcia Foster (Dealer Registration) at 317-356-6597. Thank you for your cooperation. We look forward to serving you soon.

If you have any questions feel free to contact Marcia at 317-352-0121 . We look forward to working with you. We will benefit from Working Together!!

Sincerely,

The Management and Staff at Auto Dealers Exchange

**AUTO DEALERS EXCHANGE
NEW DEALER REGISTRATION**

DATE: _____

COMPUTER NUMBER ASSISGNEED BY ADE: _____

Company Name: _____

DBA: _____

Business Address: _____

City, State, Zip: _____

Mailing Address (if different from above): _____

City, State, Zip: _____

Business Phone: _____

(Area Code) (Phone Number)

Cell Phone: _____

(Area Code) (Phone Number)

Fax Phone: _____

(Area Code) (Phone Number)

Email Address: _____

WHICH CATEGORY DESCRIBES THIS BUSINESS?

Incorporated ____ Partnership ____ Limited Liability Company ____ Sole Proprietorship ____

Are You a licensed Dealer? YES ____ NO ____

Dealer Tag# _____ State Issued in _____

Federal ID # _____ State Tax Number _____ State Issued in _____

Owner's Name: _____

Owner's Social Security Number: _____

Owner's Home Address: _____

City, State & Zip: _____

Owner's Home Phone: _____ Owner's Cell Phone: _____

(Area Code) (Phone Number)

(Area Code) (Phone Number)

Do you own the Business Real Estate: _____

Signature of Owner _____

Date this Firm was Organized: _____ Type of Dealer: New ____ Used ____ Both ____

Are you listed in DUN & BRADSTREET? Yes ____ NO ____ Do you have a Floor Plan? _____

If so, who do you Floor Plan with: _____

Are you interested in BUYING ____ SELLING ____ BOTH ____

Do you wish to pay with CASH ____ or CHECK ____

Is this account in the Company Name: YES ____ NO ____

BANK: _____ PHONE: _____

(Area Code) (Phone Number)

Address: _____ City, State, Zip: _____

Bank Official: _____ Account Number: _____

Bank Fax Number: _____

(Area Code) (Phone Number)

Please list 3 Auctions that you currently attend:

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

**AUTO DEALERS EXCHANGE
NEW DEALER REGISTRATION**

DATE: _____

COMPUTER NUMBER ASSIGNED BY ADE: _____

Name of person being interviewed: _____

Home address: _____

City, State, Zip: _____

Home Phone: _____ Are you Married? Yes _____ No _____
(Area Code) (Phone Number)

Cell number: _____
(Area Code) (Phone Number)

Do you own your residence? Yes _____ No _____

How long have you lived at this address: _____

AUTHORIZED BUYERS AND SELLERS:

Name: _____ Social Security Number: _____

Home Address: _____

Cell number: _____ Home Phone: _____
(Area Code) (Phone Number) (Area Code) (Phone Number)

Signature: _____

Name: _____ Social Security Number: _____

Home Address: _____

Cell number: _____ Home Phone: _____
(Area Code) (Phone Number) (Area Code) (Phone Number)

Signature: _____

Name: _____ Social Security Number: _____

Home Address: _____

Cell number: _____ Home Phone: _____
(Area Code) (Phone Number) (Area Code) (Phone Number)

Signature: _____

Name: _____ Social Security Number: _____

Home Address: _____

Cell number: _____ Home Phone: _____
(Area Code) (Phone Number) (Area Code) (Phone Number)

Signature: _____

Name: _____ Social Security Number: _____

Home Address: _____

Cell number: _____ Home Phone: _____
(Area Code) (Phone Number) (Area Code) (Phone Number)

Signature: _____

Name: _____ Social Security Number: _____

Home Address: _____

Cell number: _____ Home Phone: _____
(Area Code) (Phone Number) (Area Code) (Phone Number)

Signature: _____

THE ABOVE DEALER, OR IT'S AUTHORIZED AGENT, GIVE AUTHORIZATION TO AUTO DEALERS EXCHANGE TO ACT AS THEIR AGENT IN REASSIGNMENT OF TLES FOR VEHICLES SOLD A T ADE, AND TO HOLD ADE HARMLESS FROM ANY AND ALL LITIGATION RESULTING FROM SUCH ACT.

**AUTO DEALERS EXCHANGE
NEW DEALER REGISTRATION
DATE: _____
COMPUTER NUMBER ASSISGned BY ADE: _____**

**THE FOLLOWING INFORMATION IS REQUIRED IN ORDER TO REGISTER AT
AUTO DEALERS EXCHANGE.**

PLEASE PROVIDE THE FOLLOWING:

- A) COPY OF DRIVERS LICENSES FOR ALL OWNERS AND AUTHORIZED BUYERS AND SELLERS. WE WILL ALSO NEED ALL AGENTS' SOCIAL SECURITY NUMBERS.**
- B) A COPY OF CURRENT DEALER LICENSE**
- C) A COPY OF STATE TAX CERTIFICATE**
- D) FEDERAL ID NUMBER**
- E) COPY OF CHECK FOR ACCOUNT BEING USED TO PAY FOR PURCHASES**
- F) ON COMPANY LETTERHEAD SIGNED BY THE OWNER, ALL AUTHORIZED AGENTS**

**PLEASE NOTE ... FOR AUCTION INSURANCE PURPOSES, ALL ORIGINAL BANK FORMS
MUST BE SIGNED BY THE OWNER. REGISTRATION IS NOT COMPLETE UNTIL I HAVE
THESE FORMS FOR YOUR FILE.**

**IF YOU HAVE ANY QUESTIONS, MY NUMBER IS 317-352-0121 AND THE FAX NUMBER IS
317-356-6597.**

THANK YOU, MARCIA, DEALER REGISTRATION.

**IF I AM NOT AVAILABLE, AND YOU CALL ON A WEDNESDAY, YOU MAY ASK FOR
GLORIA .**



AUTO
DEALERS
EXCHANGE

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To Whom It May Concern:

I authorize you to release information regarding my account with your bank to Auto Dealers Exchange. This information will be asked periodically so they may better serve my needs to sell or purchase vehicles through their auction.

This original letter will be kept on file by Auto Dealers Exchange, and you may release this information for their use confidentially at their request. Should this change, you will be notified immediately.

Thank you for your cooperation regarding this request.

Very truly yours,

X _____



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Upon registering with Auto Dealers Exchange you are required to give us permission to contact your bank to obtain average balance history on your account. This is done annually and should your bank charge for this service, the charge will be forwarded to you.

Thank you for your cooperation.

I agree to pay Auto Dealers Exchange any charge incurred for this service.

Company Name _____

Signature _____

Date _____

Form ST-105 SF# 49065 (Rev 1/00)

Indiana Department of Revenue General Sales Tax Exemption Certificate

Federal ID #: _____
Dealer ID #: _____

This form is not to be used as an Agricultural or Utility Exemption Certificate. Company Exemption Certificates are not valid for personal purchases.

Name _____ TID # _____

Address _____ Date _____

City _____ State _____ Zip Code _____

Blanket Single Purchase Description of Articles _____

Sale to Retailer, Wholesaler or Manufacturer for Resale Only

Sale of Manufacturing Machinery, Tools and Equipment to be Used Directly in Direct Production

Sales to Not-for-Profit Organizations, Claiming Exempt Purchases Pursuant to Sales Tax Information Bulletin #10

Note: Many purchases by Not-for-Profit Organizations are subject to Sales Tax; therefore, purchasers are cautioned to read Sale Tax Information Bulletin #10 before signing this certificate.

Sales to Government Units

Other (Explain) _____

I hereby certify under the penalties of perjury, that the property that is to be purchased by the use of the exemption certificate is to be used for an exempt purpose pursuant to the State Gross Retail Sales Tax Act.

Signature _____ Title _____

Printed Name: _____