2731 Belvidere Rd Waukegan, IL 60085



Phone: 847-782-5786 Fax: 847-782-8504

Dealer Registration Form

*Please print or type this app		
Company Name:		
Address:		Zip Code
Business Phone:		
Email Address:		
*Please check which applies		
□Incorporated	Partnership	Sole Ownership
Are you a licensed dealer?	☐Yes ☐No If yes,	Dealer Plate#:
*Please check all that apply		
I wish to pay with □Cash	Checks	☐Both Cash & Checks
We are interested in ☐Purchasing vehicles	Selling vehicles	□Both
*Please list all authorized Buy Print Name:		
Signature		to sign checks? ☐ Yes ☐ No
Driver's License #	Social Secu	urity #
Print Name:		
Signature:	Authorized	to sign checks? Tyes No
Driver's License #	Social Secu	rity #

*Bank Information				
Is the account in the compa	ny name?	Yes No		
If not, whose name is the ac	count in?			
Bank Name:				
Account:				
Bank Phone #: ()		Contact:		
Bank Address				
City:		State:	Zip	
Company owner signature: . By signing above, you a			check your bank reference.	
*Management Information Manager or owner Signature	e:			
Printed Name:				
The above owner authorizes Waukeg Waukegan Auto Auction, and to hold			rassignment of title for vehicles sold at such act.	
l,, as ow				
Give permission to act as an agent for me at Waukegan Auto				
Auction I understand that by	/ signing this fo	rm, I, as owner (n	nanager) of the above	
state dealership, will be held	d responsible fo	or all transactions	incurred by the above	
signed agent.				
Owner (manager) signature:			_	
Dealer Tag #:			_	
Date:			_	

***Please note that a seperate permission form is needed for each agent allowed to conduct transactions using your dealership name. A copy of a valid driver's license for each agent is required.

IT IS THE OWNERS RESPONSIBILITY TO INFORM WAUKEGAN AUTO AUTION OF AGENTS NO LONGER ALLOWED TO BUY OR SELL.

-Please supply us with a copy of your current dealer's license and Sales Tax IBT #.