



At South Georgia Auto Auction, we are committed to serving you in the best manner possible. Our sale is held Thursday morning of every week, starting promptly at 11:00 A.M.

All applications must be completed and approved before sale day.

Please complete the enclosed application and forward it to us at your earliest convenience, along with copies of the following documents:

- Copy of Dealer's License
- Copy of Driver's License
- Copy of Sales Tax Certificate
- Copy of Photo ID of Representatives and Owner
- Copy of Business Check
- Copy of Title Transfer Number (GA Dealer's 12 Digit #)

NOTE: ENCLOSED FORMS MUST BE SIGNED BY THE OWNER.

Thank you in advance for your cooperation. We look forward to serving you! If you have any questions, please feel free to give us a call.

Sincerely,

South Georgia Auto Auction

Sale Every Thursday at 11:00 A.M
1407 Silica Dr. – Albany, GA 31705 // Ph. (229) 439-0005 // Fax (229) 878-1005

WWW.SGAAUCTION.COM



OFFICIAL USE
 DEALER AUCTION # _____
 METHOD OF PAYMENT: _____

DEALER REGISTRATION

(Please Print Clearly)

DATE _____

COMPANY NAME _____ OWNER/PRESIDENT _____

FEDERAL EMPLOYMENT ID# _____ CO-OWNER/VICE PRESIDENT _____

ADDRESS _____
 (CITY) (STATE) (ZIP CODE)

MAILING ADDRESS _____

EMAIL _____ CELL PHONE _____

BUSINESS PHONE: AREA CODE _____ PHONE _____ FAX# _____

DATE ORGANIZED _____ TYPE OF DEALER: NEW USED _____

12 DIGIT ID# _____ IF NEW, MAKE OF CARS SOLD: _____

WE ARE INTERESTED IN: BUYING SELLING BOTH PRICE RANGE: _____

DEALER LICENSE# _____ (ENCLOSE COPY) INCORPORATED PARTNERSHIP SOLE PROPRIETORSHIP

BANK INFORMATION

IS ACCOUNT IN COMPANY NAME? YES NO ACCOUNT NUMBER _____

BANK _____ TELEPHONE: AREA CODE _____ NUMBER _____

ADDRESS _____
 (CITY) (STATE) (ZIP CODE)

BANKER'S NAME: _____ METHOD OF PAYMENT: DRAFT COMPANY CHECK CASH

DO YOU FLOOR PLAN CARS? YES NO (CHECK ONLY ONE) Prime Credit AFC NextGear Other

IF BANK _____
 (NAME) (CITY) (STATE) (ZIP CODE)

RESIDENCE INFORMATION

RESIDENCE ADDRESS _____
 (CITY) (STATE) (ZIP CODE) (HOME PHONE)

SSN OWNER _____ DOB OWNER _____

CO-OWNER

RESIDENCE ADDRESS _____
 (CITY) (STATE) (ZIP CODE) (HOME PHONE)

SSN CO-OWNER _____ DOB CO-OWNER _____

AUCTIONS ATTENDED: 1. _____ 2. _____ 3. _____

PLEASE ATTACH A COPY OF YOUR BUSINESS CHECK, A COPY OF YOUR DEALERS LICENSE AND A COPY OF YOUR STATE SALES TAX CERTIFICATE. PLEASE ATTACH A COPY OF AUTHORIZED BUYER'S DRIVERS LICENSE. I AGREE TO ALLOW THE SOUTH GEORGIA AUTO AUCTION TO OBTAIN CREDIT INFORMATION FROM ANY SOURCE ON MY COMPANY, MYSELF AND ALL REPRESENTATIVES FOR USE IN PROCESSING THIS APPLICATION AS WELL AS PERIODIC UPDATES AS DEEMED NECESSARY BY THE SOUTH GEORGIA AUTO AUCTION.

SIGNATURES: OWNER/PRESIDENT _____

CO-OWNER/VICE PRESIDENT _____



PLEASE ATTACH A COPY OF YOUR BUSINESS CHECK, A COPY OF YOUR DEALER'S LICENSE, AND A COPY OF YOUR STATE SALES TAX CERTIFICATE. PLEASE ALSO ATTACH THE DRIVER'S LICENSE OF ANY BUYERS THAT WILL BE AUTHORIZED TO BUY AND SELL UNDER YOUR DEALERSHIP.

ACKNOWLEDGEMENT

I agree to allow SOUTH GEORGIA AUTO AUCTION to obtain credit information from any source on my company, myself, and all representatives for use in processing this application, as well as periodic updates as deemed necessary by SOUTH GEORGIA AUTO AUCTION.

Signatures:

Owner / President: _____

Co-Owner / Vice President: _____

Date: _____

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South Georgia AUTO AUCTION

The following person or persons are duly authorized to buy and sell automobiles; execute bill of sales, assignments, or titles binding on the undersigned. In consideration of the Auction permitting this person or persons to participate as may at sales, the undersigned guarantees all transactions made by him/her. This agreement is to continue in full force and effect until terminated by the undersigned in writing to the auction. Thank you!

_____	_____
Authorized Representative	Cell Phone
_____	_____
Representative Signature	Social Security #

_____	_____
Authorized Representative	Cell Phone
_____	_____
Representative Signature	Social Security #

_____	_____
Authorized Representative	Cell Phone
_____	_____
Representative Signature	Social Security #

Printed Name of Owner: _____

Owner Signature: _____ **Date:** _____

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Dear Credit Department Officials,

I hereby authorize you to release information on my account, with your bank, to *South Georgia Auto Auction*. This information will be requested from time to time so they may better serve my need to buy and sell vehicles through their auction.

The original of this request will be retained by them and you may release this information for their confidential use, as required, until I notify you of the contrary.

Thank you for your courtesy and assistance regarding this request.

Principal Signature

Print Name

Company Name

Date

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