

Please complete this Dealer Registration Form to bid, buy, or sell on OPENLANE.com. Then fax it along with a copy of your dealer license to 480-393-2960. We will contact you shortly with a user ID and password.

**Dealership Information:**

Dealership Name: \_\_\_\_\_

Is this dealership part of a local or national group?  Yes  No

Federal EIN/Tax ID #: \_\_\_\_\_

Store Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Franchise(s) at this location: \_\_\_\_\_

How did you hear about us?  Print Ad  Email  
 Fax  Direct Mail

Company Legal Name: \_\_\_\_\_

If yes, which: \_\_\_\_\_

Business Type:  New  Used  Wholesale

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Web Site Address:

 News Article  OPENLANE.com Sales Rep  
 Event/Conference  Other: \_\_\_\_\_**Officer/Owner Information:**

Officer/Owner Legal Name: \_\_\_\_\_

Additional Officer/Owner: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

**Buyer Information:** (additional buyers may also be added)

Buyer Full Name: \_\_\_\_\_

Email: \_\_\_\_\_

Cell Phone/Pager: \_\_\_\_\_

Title: \_\_\_\_\_

Office Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

**Additional Contact Information:**

Title Contact: \_\_\_\_\_

Controller: \_\_\_\_\_

Office Phone: \_\_\_\_\_

Office Phone: \_\_\_\_\_

**Buyer Payment Methods for OPENLANE.com Vehicle Purchases:** Wire\*  ACH\*  Dealer Check \* \* These payment methods require non-franchise dealers to complete the Bank Reference Form. AFC: Acct #: \_\_\_\_\_

Branch Contact Name: \_\_\_\_\_

 Auto Use: Acct #: \_\_\_\_\_

Branch Contact Name: \_\_\_\_\_

 DSC: Acct #: \_\_\_\_\_

Branch Contact Name: \_\_\_\_\_

 MAFS: Acct #: \_\_\_\_\_

Branch Contact Name: \_\_\_\_\_

Signature of Controller/Business Office: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

**Authorization:**

I am an authorized signatory for the dealership named on this form, and I hereby certify that the information contained within this application and on any accompanying documents is true, complete, and accurate. By signing this form, I agree to abide by the OPENLANE.com Terms and Conditions as outlined on the OPENLANE.com web site.

Signature of Authorized Agent (Officer/Owner/Manager): \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

A copy of your Dealer License must be included with the Dealer Registration Form.

The Bank Reference Form is required for non-franchise dealers wanting to pay with dealer check, ACH, or wire. Please complete and fax to 480-393-2960.

**To Be Completed by the Dealer:**

Dealership Name: \_\_\_\_\_ Dealership Phone #: \_\_\_\_\_

Dealership Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Please select acceptable payment methods for OPENLANE.com purchases:  Wire  ACH  Dealer Check**To Be Completed by the Bank:**

Your bank has been designated by the above as their principal depository and banking reference. We are an automobile auction for licensed new and used car dealers. Since we accept dealer checks for cars bought at our auction, we require that all dealers who do business with us establish financial responsibility. We would be grateful if you would mark below your estimates of this account. The info will, of course, be held strictly confidential and will only be used for our own purposes. We would be pleased to reciprocate at any time.

Bank Name: \_\_\_\_\_ Bank Phone #: \_\_\_\_\_

Bank Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Account Name: \_\_\_\_\_ Owner/Officer: \_\_\_\_\_

Regular Checking Account Since: \_\_\_\_\_ Account #: \_\_\_\_\_

**Issue Insufficient Checks or Drafts** Does  Does Not

If so, how many in the last 6 months? \_\_\_\_\_

Does Account have overdraft protection? \_\_\_\_\_

**Average 6-Month Balance** Low  3 Figures  5 Figures Medium  4 Figures  6 Figures High**Maximum Credit Recently Extended**

Secured \$: \_\_\_\_\_ Unsecured \$: \_\_\_\_\_

**Experience** Satisfactory  UnsatisfactoryDo you floorplan for this account?  Yes  No**Floorplan Line**

New \$: \_\_\_\_\_ Used \$: \_\_\_\_\_

**Floorplan Used**

New \$: \_\_\_\_\_ Used \$: \_\_\_\_\_

Above information given by (authorized bank signature): \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Thank you for your assistance.