

**WELCOME TO THE GREATER QUAD CITY AUTO AUCTION.  
OUR AUCTION TEAM LOOKS FORWARD TO DOING BUSINESS WITH YOU!**



**4015 78<sup>TH</sup> AVENUE MILAN, IL 61264  
DEALERS EXCHANGE**

**THANK YOU FOR YOUR INTEREST IN GREATER QUAD CITY AUTO AUCTION.  
PLEASE COMPLETED THE FOLLOWING FORMS AND PROVIDE US WITH THE FOLLOWING  
INFORMATION SO WE MAY PROVIDE YOU WITH THE BEST POSSIBLE CUSTOMER SERVICE.**

- **COPY OF CURRENT DEALER LICENSE**
- **COPY OF DRIVER LICENSE FOR EACH BUYER AND OWNER/CORPORATE OFFICER-**  
*(COPIES OF DRIVER'S LICENSE MUST BE CLEAR AND EITHER HAND DELIVERED OR MAILED. FAXED COPIES DO NOT PROVIDE A CLEAN PHOTO COPY OF PHOTOS.)*
- **COPY OF COMPANY CHECK-***(PLEASE NOTE THAT WE ONLY ACCEPT COMPANY CHECKS. THE DEALERSHIP NAME MUST BE ON THE CHECK)*
- **COPY OF THE STATE TAX CERTIFICATE-***(IF THE DEALERSHIP IS EXEMPT PLEASE PROVIDE THE FORM FROM THE STATE WHICH STATES SO)*
- **OWNERS/CORPORATE OFFICERS SIGNATURES WHERE DESIGNATED** *(ALL OWNERS/CORPORATE OFFICERS MUST BE LISTED ON THE APPLICATION. IF ANY FUTURE DOCUMENTS ARE SIGNED BY SOMEONE NOT LISTED ON THE APPLICATION AS AN OWNER/CORPORATE OFFICER THE DOCUMENT IS INVALID.)*
- **FILL OUT ENCLOSED INFORMATION SHEET FOR EACH REPRESENTATIVE-** *(PLEASE NOTE THAT ONLY CORPORATE OFFICERS/OWNERS LISTED ON THE APPLICATION CAN AUTHORIZE REPRESENTATIVES TO BUY/SELL. IF YOU WOULD LIKE TO MAKE OTHER ARRANGEMENTS PLEASE CONTACT ME AND I WILL SEND YOU THE PROPER FORM.)*
- **ATTACHED BANK LETTER MUST BE COMPLETED BY YOUR BANK AND RETURNED TO GQCAA.**

**THANK YOU FOR YOUR TIME. IF YOU HAVE ANY  
QUESTIONS, FEEL FREE TO CONTACT US AT 309-787-6300.**

**PLEASE RETURN ALL PAPERWORK TO GQCAA VIA**

**FAX 309-787-4542    MAIL PO BOX 409, MILAN IL 61264**

**YOU MAY ALSO EMAIL YOUR APPLICATION TO [JESSICAD@QCAA.COM](mailto:JESSICAD@QCAA.COM)**



4015 78<sup>th</sup> Avenue P.O. Box 409 Milan IL 61264  
(HEREINAFTER REFERRED TO AS GQCAA OR AUCTION)

### GQCAA REGISTRATION FORM

DATE OF APPLICATION: \_\_\_\_\_

Please complete and return all registration forms by mail PO Box 409, Milan IL 61244, fax (309) 787-4542 or email Jessicad@qcaa.com. If you have any questions please call Dealer Registration (309)787-6300.

\*\*\*Please also supply copies of the following **REQUIRED DOCUMENTS**:

*OFFICE USE ONLY*

- A. DEALERS LICENSE**
- B. STATE TAX CERTIFICATE**
- C. COMPANY CHECK**

REGISTRATION #: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

COMPANY NAME \_\_\_\_\_ IN BUSINESS SINCE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ P O BOX \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 PHONE \_\_\_\_\_ FAX \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_  
 TYPE OF DEALER: USED \_\_\_\_\_ WHOLESALE \_\_\_\_\_ FRANCHISE: \_\_\_\_\_  
 IS DEALERSHIP: INDIVIDUAL \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ CORPORATION \_\_\_\_\_ LLC \_\_\_\_\_ LP \_\_\_\_\_  
 DEALER LICENSE # \_\_\_\_\_ DEALER PLATE # \_\_\_\_\_ STATE TAX # \_\_\_\_\_ **FEDERAL EIN #** \_\_\_\_\_

*IRS FORM SS4*

OTHER AUCTIONS OR DEALERS YOU DO BUSINESS WITH: \_\_\_\_\_  
 PAY BY: CHECK \_\_\_\_\_ CASH \_\_\_\_\_ FLOORPLAN \_\_\_\_\_ IF FLOORPLAN, WHO IS FLOORPLANNER? \_\_\_\_\_  
 BANK NAME \_\_\_\_\_ BANK OFFICIAL \_\_\_\_\_ ACCT# \_\_\_\_\_  
 STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

I UNDERSTAND THAT GQCAA DOES NOT HONOR PERSONAL CHECKS. **INITIAL HERE:** \_\_\_\_\_

I UNDERSTAND THAT GQCAA WILL ONLY ACCEPT A CHECKING ACCOUNT IN THE NAME OF THE DEALERSHIP. **INITIAL HERE:** \_\_\_\_\_

I UNDERSTAND THAT GQCAA WILL ONLY ACCEPT ONE CHECKING ACCOUNT PER DEALERSHIP. **INITIAL HERE:** \_\_\_\_\_

**\*\*\*\*\*ONLY LIST BELOW ALL OWNERS, PARTNERS & CORPORATE OFFICERS\*\*\*\*\***

NAME _____	NAME _____
<b>SIGNATURE</b> _____	<b>SIGNATURE</b> _____
ADDRESS _____	ADDRESS _____
CITY _____ STATE _____ ZIP _____	CITY _____ STATE _____ ZIP _____
TITLE _____ PHONE _____	TITLE _____ PHONE _____
SOCIAL SECURITY # _____ DOB _____	SOCIAL SECURITY # _____ DOB _____

The undersigned hereby acknowledge that all information provided in this application including the required documents is true, and authorizes Greater Quad City Auction to verify any representations, contact any named parties, and obtain consumer and business credit reports.

The undersigned hereby appoints GQCAA, 4015 78<sup>th</sup> Avenue, Milan, IL 61264, as my attorney-in-fact in all transactions in which I am the "transferee" (buyer) or "transferor" or seller of a motor vehicle that is subject to federal and state laws and regulations regarding odometer disclosure requirements to perform for me and in my name all acts and duties imposed upon a transferee by said laws and regulations, as amended, modified, and /or clarified from time to time or as affected by the lapse of Illinois' extension of time to bring its title document into compliance with federal requirements.

I reserve the power to act on my own behalf and to revoke the power given in this instrument. I may revoke this instrument by delivering written notice of revocation to GQCAA. The written revocation must be delivered by hand or sent by certified mail, return receipt requested, to GQCAA. Any act or thing unlawfully done by my attorney-in-fact under this instrument shall be binding on me and on my heirs, assigns and legal representatives. This Power of Attorney shall be affected by my disability or incapacity or by lapse of time.

**\*\*\*THIS DOCUMENT MUST BE SIGNED BY A CORPORATE OFFICER OR OWNER.\*\*\***

**PRINT: X**  
**CORPORATE OFFICER OR OWNER PRINT NAME**

**SIGN: X**  
**CORPORATE OFFICER OR OWNER SIGNATURE**

**DATE:**  
**DATE SIGNED**



4015 78<sup>th</sup> Avenue P.O. Box 409 Milan IL 61264  
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### GQCAA AUTHORIZED REPRESENTATIVE FORM

**\*\*\*REQUIRED DOCUMENTS\*\*\***

- A. REP FORM SIGNED BY CORPORATE OFFICER/OWNER**
- B. CLEAR COPY OF CURRENT DRIVER LICENSE**

*OFFICE USE ONLY*

OR USER NAME: \_\_\_\_\_  
 OR PASSWORD: \_\_\_\_\_  
 OR FP QCAA ID: \_\_\_\_\_

- This form is necessary for your protection.
- This form is valid and binding for a minimum of 90 days.
- Please return paperwork to GQCAA via Fax: 309-787-4542, Mail: POB 409 Milan IL 61264 or Email: jessicad@qcaa.com

DATE \_\_\_\_\_

NAME OF DEALERSHIP \_\_\_\_\_ TELEPHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

The following person or persons are duly authorized to buy and sell automobiles, to execute checks or drafts, to execute bills of sales, Odometer Mileage Statements, assignments of titles and warranties of titles on behalf of Dealer. The authority of the following persons to act on behalf of Dealer shall continue in full force and effect until terminated by Dealer in writing the Auction. Dealer does hereby guarantee all transactions made by such persons, and does indemnify and hold harmless the Auction from all loss or expense caused it as a result of any such transaction including losses from dishonored checks or drafts, defective titles, and false or inaccurate Odometer Mileage Statements as well as any expense incurred in attempting to collect such losses, including attorney's fees.

REPRESENTATIVE FULL NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CELL PHONE # \_\_\_\_\_ EMAIL \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

The undersigned hereby acknowledge that all information provided is true and authorized Greater Quad City Auto Auction to verify any representations.

In consideration of Auction allowing Dealer to buy and sell motor vehicles through Auction, the undersigned, whether one or more, personally covenant guarantee and warrant that the title to each vehicle sold by Dealer through Auction will be good and will be free and clear of all liens and encumbrances, whatsoever. The undersigned unconditionally agrees to reimburse Auction for any loss, damage, expense, or costs, including attorney's fees, incurred by Auction as a result of breach of the foregoing warranty of title as to any such motor vehicle.

The undersigned further guarantees full payment of any debts of Dealer to Auction, including any checks or drafts issued by Dealer or any of Dealer's representatives, together with any loss or expense incurred by Auction in collecting or attempting to collect such debt, including attorney's fees.

The undersigned acknowledges the Auction shall have the right to refuse to transact business with Dealer, to modify or release any and all collateral security, to extend or change time of payment and to settle or compromise with Dealer without notice to the undersigned and without discharging or affecting the liability of the undersigned hereunder. This guaranty is to be a continuing guaranty and the undersigned hereby waives notice of acceptance of this guaranty and presentment, demand, protest, and any notice of non-payment or dishonor. The undersigned shall be liable as principal debtor and not merely as surety, and the bankruptcy or any assignment in favor of Creditors of Dealer shall not affect the enforceability of this agreement.

This instrument shall bind the respective heirs, executors, administrators and assigns of the undersigned, and shall ensure to the benefit of Auction, its successors, assigns and subrogess.

**\*\*\*THIS DOCUMENT MUST BE SIGNED BY A CORPORATE OFFICER OR OWNER.\*\*\***

PRINT:  \_\_\_\_\_ SIGN:  \_\_\_\_\_ DATE: \_\_\_\_\_  
 CORPORATE OFFICER OR OWNER PRINT NAME CORPORATE OFFICER OR OWNER SIGNATURE DATE SIGNED



**Greater Quad City Auto Auction**  
4015 78<sup>th</sup> Avenue, Milan, IL, 61264

**Auction Contact: Jessica Draper**  
**Auction Phone Number: 309-787-6300 ext 233**  
**Auction Fax Number: 309-787-4542**

## Dealership Information

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

Dealership Owner/Corporate Officer: \_\_\_\_\_

Dealership Address: \_\_\_\_\_

Dealership Phone Number: \_\_\_\_\_

## Dealership's Bank Account Number:

## Dealership Authorization

The undersigned hereby acknowledges that all information provided on this document is true, and authorizes Greater Quad City Auto Auction to verify any representations, contact any named parties, and obtain credit information.

**Dealership Corporate Officer/Owner Signature: X**

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

## Principal Depository and Banking Reference

Financial Institution Name: \_\_\_\_\_

Financial Institution Contact: \_\_\_\_\_

Financial Institution Address: \_\_\_\_\_

Financial Institution Phone Number: \_\_\_\_\_

## (The confidential information listed below must be filled out by you Financial Institution.)

The dealership listed on this form has designated your financial institution as their principal depository and banking reference. It is our procedure to secure ratings on the checking accounts used by the dealership to do business at our auction. This information is considered strictly confidential and will be treated as such by our auction. Please give us your estimate of this account.

Commercial Checking Account Since \_\_\_\_\_ It is considered to be Low \_\_\_ Med \_\_\_ or High \_\_\_ \$ \_\_\_ Figures

Does this account issue insufficient checks? Yes \_\_\_ No \_\_\_ If yes, how many \_\_\_\_\_

Maximum credit recently extended \$ \_\_\_\_\_ secured \$ \_\_\_\_\_ unsecured

Do you floor plan this account? Yes \_\_\_ No \_\_\_ If yes, amount of floor plan line \$ \_\_\_\_\_ Present balance \$ \_\_\_\_\_

Comments: \_\_\_\_\_

**The Principal Depository and Banking Reference was given by:** \_\_\_\_\_ Date \_\_\_\_\_

Print Your Name & Title Here