



Welcome Dealers

On behalf of Legacy Auto Auctions. We would like to take this opportunity to welcome you as a new dealer to our family. We are thrilled to have you with us. Attached is our Dealer Registration Packet. To expedite your registration, please complete and sign all forms where indicated. We understand that filling out a new dealer packet is time consuming. We would like to extend a special offer to all dealers that can take the time to get all forms filled out.

Date: ___/___/___



Dealer Application

Legal Name of Dealership _____

DBA (if applicable) _____

Physical Address _____ City _____

State _____ Zip _____ Mailing Address (if different) _____

Dealership Phone # _____ Dealership Email _____

Dealer License # _____ Exp. Date _____ FEIN _____

Dealer Sales Tax # _____ Auction Access # _____

This Dealer is a Partnership Corporation Individual

Type of Dealership Franchise New Used Wholesale

Floor Plan Companies Used _____

Preferred Contact: _____ Cell: _____

Authorized Representatives:

• Name _____ Title _____

Email _____ Cell _____

Driver's License # _____ State _____ Exp. _____

• Name _____ Title _____

Email _____ Cell _____

Driver's License # _____ State _____ Exp. _____

• Name _____ Title _____

Email _____ Cell _____

Driver's License # _____ State _____ Exp. _____

Owner's Signature _____ Date _____

Please include copy of current dealer license and bond with application. It may be faxed, emailed, or delivered in person, to the auction during normal business hours.

Fax: 254-613-4123 office@legacyautoauctions.com

Received at Legacy Auto Auctions by: _____ on ___/___/___



Dealer Registration Packet

Thank you for registering with Legacy Auto Auctions. In order to process your registration in a timely manner, we ask that you provide the following information and documentation.

Registration Checklist

- Dealer Application *with owner's signature*
- Copy of Voided Business Check
- Copy of Current Dealer's License
- Form Showing Company Name and Federal ID Number
(front page of tax return, top portion only)
- **Power of Attorney *with owner's signature* (must be notarized)
- Proof of Ownership if Applicable (articles of incorporation, minutes page only)
- Title/Check Mailing Preference Form (choosing FedEx or UPS will require your account numbers)

Registration packets may be faxed, emailed, or delivered in person, to the auction during normal business hours.

Fax: 254-613-4123

Office@LegacyAutoAuctions.com

Auctions will be held weekly on Wednesdays. Doors open at 8:00 AM and the lanes open at 1:00 PM.

POWER OF ATTORNEY

The undersigned, and its subsidiaries hereby duly appoint Legacy Auto Auctions, located at 212 E. Loop 121 Belton, Texas, 76513 all of its U.S. subsidiaries ("Legacy"), through its authorized employees and agents, to act as our ATTORNEY-IN-FACT to sign all papers and documents that may be necessary pertaining to the sale and subsequent title transfer of the vehicles consigned by the undersigned to Legacy for its auction of the vehicles or pertaining to the purchase of vehicles by the undersigned, including without limitation, any title, title transfer document, reassignment of odometer disclosure statements as required by federal law.

In consideration of Legacy

agreement to execute such documents on behalf of the undersigned from time to time, the undersigned shall indemnify, defend, and hold harmless Legacy, its affiliates, subsidiaries, officers, directors, employees, successors, and assigns from and against any and all loss, damages, liability, claims, cause of action, and expenses of whatever kind and nature, arising from the execution by Legacy or its employees or agents of any certificate of title, odometer statement, bill of sale, or other document necessary to transfer ownership of consigned vehicles. Notwithstanding the foregoing, nothing contained herein shall be construed to require the undersigned to indemnify Legacy, its affiliates, subsidiaries, officers, directors, employees, successors, and assigns from any loss resulting from any gross negligence or willful misconduct of Legacy or its employees or agents.

This Power of Attorney shall be effective as of the date of signing hereof on behalf of the undersigned and continue until full force and effect until terminated by the undersigned in its sole discretion.

This Power of Attorney supersedes any previous authorization to act as agent and attorney-in-fact for the undersigned.

Company Name

Auction ACCESS Number

By: _____
(Signature of Owner/Officer)

Printed: _____
(Printed Name of Owner/Officer)

ACKNOWLEDGMENT

A Notary Public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of _____

County of _____

On _____ before me, _____
personally
(insert name and title of notary officer)

appeared _____,
(insert name and title of the owner/officer of the company), who proved to me on the basis of satisfactory

evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of _____ that the foregoing paragraph is true and correct.

WITNESS my hand and official seal

Signature _____ (Seal)

My Commission expires _____

List of Owners and Officers

Name _____ Title _____ Social Security # _____
Home Address _____ City _____ State ____ Zip _____
Home Phone Number _____ Cell Phone Number _____

Name _____ Title _____ Social Security # _____
Home Address _____ City _____ State ____ Zip _____
Home Phone Number _____ Cell Phone Number _____

Name _____ Title _____ Social Security # _____
Home Address _____ City _____ State ____ Zip _____
Home Phone Number _____ Cell Phone Number _____

Name _____ Title _____ Social Security # _____
Home Address _____ City _____ State ____ Zip _____
Home Phone Number _____ Cell Phone Number _____

Name _____ Title _____ Social Security # _____
Home Address _____ City _____ State ____ Zip _____
Home Phone Number _____ Cell Phone Number _____

Name _____ Title _____ Social Security # _____
Home Address _____ City _____ State ____ Zip _____
Home Phone Number _____ Cell Phone Number _____

Title/Check Mailing Preferences

Please choose one option for titles and one option for checks. If you choose FedEx or UPS, please note that these mailing options are done at your dealership's expense and you must provide your account number.

Titles	Checks	Mailing Preferences (with account number if applicable)
<input type="checkbox"/>	<input type="checkbox"/>	Regular Mail **Requires Signature
<input type="checkbox"/>	<input type="checkbox"/>	Hold for Pickup
<input type="checkbox"/>	<input type="checkbox"/>	FedEx Account Number: _____ <input type="checkbox"/> 1 Day <input type="checkbox"/> 2 Day
		UPS Account Number: _____ <input type="checkbox"/> 1 Day <input type="checkbox"/> 2 Day

If you choose to have your titles sent by regular mail, please note that the auction is not responsible for lost, stolen, damaged, or otherwise undelivered titles.

**Owner's Signature _____

Dealership Name _____

Dealer ID Number _____ Date _____