



2900 Industrial 33rd Street
Fort Pierce, FL 34946
Office: 772-595-9454
Fax: 772-489-4286
www.TCAutoAuction.biz

Weekly Auction Every Thursday @ 2:30 PM

Dealer Application Checklist:

- _____ Copy of your current Dealer License
- _____ Copy of your current Dealer Bond
- _____ Copy of your current Sales Tax Certificate
- _____ Copy of a voided company check
- _____ Copy of driver's licenses for all owners & representatives
- _____ Dealer's Representative Form
- _____ Banking Information Release Form
- _____ Dealer Guaranty Form
- _____ Dealer's Power of Attorney Form
- _____ Blanket Certification of Resale
- _____ Dealer Application Form

Thank you for choosing TCAA for your auction needs.
If you have any questions, please contact our office at
admin@tcautoauction.biz

Treasure Coast Auto Auction, Inc.

2900 Industrial 33rd Street
Fort Pierce, FL 34946
Office: 772-595-9454
Fax: 772-489-4286
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Dealer Information:

Date _____

Company Name _____ Office # _____
Address _____ Fax # _____
City _____ State _____ Zip Code _____
Business Email _____
Dealer is _____ Individual _____ Partnership _____ Corporation

Bank Information

Bank Name _____ Bank's Phone _____
Bank's Address, City, State, Zip _____

Request purchase status to be:

Cash Only _____ Floor Plan Company Name _____
Checks _____ (Subject to Auction Approval)
Wire Transfer _____ (\$20 Fee)

Other Auction Sites with Whom Our Company is Registered:

Auction Site Name _____ City/State _____ How Long _____
Auction Site Name _____ City/State _____ How Long _____
Auction Site Name _____ City/State _____ How Long _____

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Owners and Officers

Name _____ **Title / Position** _____ **Cell Phone** _____

Home Address _____ **City, State,** _____ **Zip** _____

Social Security Number _____ (Required - treated under the US Gov't Privacy Act of 1974)

Email Address _____

Name _____ **Title / Position** _____ **Cell Phone** _____

Home Address _____ **City, State,** _____ **Zip** _____

Social Security Number _____ (Required - treated under the US Gov't Privacy Act of 1974)

Email Address _____

Name _____ **Title / Position** _____ **Cell Phone** _____

Home Address _____ **City, State,** _____ **Zip** _____

Social Security Number _____ (Required - treated under the US Gov't Privacy Act of 1974)

Email Address _____

Treasure Coast Auto Auction
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Fax: 772-281-2132
www.tcautoauction.biz
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Dealer's Representative Form

Company Name _____ Office # _____
Address _____ Fax # _____
City _____ State _____ Zip Code _____

I hereby authorize the following person(s) to transact business on behalf of my company at your auction. I assume full responsibility for all business they conduct. Additional representatives are listed on next page.

First Representative

Name _____ Phone _____
Address _____
City/State _____ Zip _____
Social Security Number _____ Required- treated under the US Gov't Privacy Act of 1974
Email Address _____
Driver's License # _____

Representative's Signature Date

I agree to notify you immediately in writing by registered mail of any changes in the above and to return to you the auction identification cards issued to the above. Until ID cards are returned to auction, I will be responsible for all sales and purchases made with these ID cards.

Company Owner's Name _____

Company Owner's Signature _____

Dealer's Representative Form

Name _____ Phone _____
Address _____
City/State _____ Zip _____
Social Security Number _____ Required - treated under the US Gov't Privacy Act of 1974
Email Address _____
Driver's License # _____

Representative's Signature _____ Date _____

Name _____ Phone _____
Address _____
City/State _____ Zip _____
Social Security Number _____ Required - treated under the US Gov't Privacy Act of 1974
Email Address _____
Driver's License # _____

Representative's Signature _____ Date _____

Name _____ Phone _____
Address _____
City/State _____ Zip _____
Social Security Number _____ Required - treated under the US Gov't Privacy Act of 1974
Email Address _____
Driver's License # _____

Representative's Signature _____ Date _____

I agree to notify you immediately in writing by registered mail of any changes in the above and to return to you the auction identification cards issued to the above. Until ID cards are returned to auction, I will be responsible for all sales and purchases made with these ID cards.

Company Owner's Name _____
Company Owner's Signature _____

Treasure Coast Auto Auction, Inc.

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Fort Pierce, FL 34946

Phone (772) 595-9454 Fax (772) 489-4286

**BLANKET CERTIFICATE
OF RESALE**

This is to certify that all material, merchandise, or goods (including reconditioning of motor vehicles) purchased by the undersigned from or through Treasure Coast Auto Auction, Inc., after _____ are purchased for the following purpose(s):

- Resale as tangible personal property.
- To be incorporated as a material or part of other tangible property to be produced for sale by manufacturing, assembling, processing, or refining.
- To be exported for sale, use, or consumption outside the continental limits of the United States.
- Other:

This certificate shall be considered a part of each order, which we shall give. This certificate is to continue in force until revoked. The undersigned is authorized to execute this document for the purchaser named below. Any purchase or reconditioning of a motor vehicle is to recondition that motor vehicle for resale by a dealer and required to collect sales tax on retail sales or motor vehicles.

Name of Company

Signature

Print Name

Date

Treasure Coast Auto Auction, Inc.
2900 Industrial 33rd Street Fort
Pierce, FL 34946
Phone (772) 595-9454 Fax (772) 489-4286

State of Florida
County of St Lucie

Limited Power Of Attorney and Indemnity Agreement

I _____ (Dealer) do hereby appoint Treasure Coast Auto Auction, Inc. and its designees to act as out attorney in fact to sign and execute on behalf of client, all papers and documents that may be necessary pertaining to the sale and subsequent transfer of the vehicle, including without limitation, Certificates of Title and/or Registration of such vehicles, title transfers, odometer disclosure statements, and such documents as deemed necessary to convey purchases at auction, good title to vehicles by the undersigned to Auction to be sold at Auction as required by Federal or State Law. With reference to the odometer disclosure statement, unless otherwise instructed by client, in executing the odometer disclosure statement on behalf of client, Auction and/or its designees are directed to enter the mileage reading on the dashboard of each vehicles true and correct to the best of Client's information and belief, and client will indemnify and hold harmless Auction and its designees acting pursuant to the Power of Attorney, against reasonable attorney's fees, based upon or resulting from inaccuracy of the odometer reading on any vehicle or any odometer statement prepared in connection with the sale at auction of any vehicle, unless such inaccuracy is caused by the Auction or its designees. In consideration of Treasure Coast Auto Auction, Inc. agreement to execute such documents on Dealer's behalf from time to time, dealer shall indemnify, defend and hold harmless Treasure Coast Auto Auction, Inc., its affiliates, subsidiaries, officers, directors, employees, successors and assigns from and against any and all loss, damages, liability, claims, causes of actions, and expense of whatever kind and nature, arising from the transfer of ownership of any vehicle or from the execution by Treasure Coast Auto Auction, Inc., or its employees or agents of any certificate of title, odometer statement, bill of sale or other document necessary to transfer ownership of any vehicle. Notwithstanding the foregoing, nothing contained herein shall be construed to require Dealer to indemnify, Treasure Coast Auto Auction, Inc., from any gross negligence or willful misconduct of Treasure Coast Auto Auction, Inc., or its employees or agents. Dealer further agrees to guarantee and save the authorities of any state requested to process such transfer of title, from all responsibility with respect to this Power of Attorney.

Dealer Print Name & Title

Dealer Signature

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____, who is personally known to me or produced _____ as identification.

(SEAL)

Notary Public's Signature

Notary Print name

Treasure Coast Auto Auction, Inc.

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Pierce, FL 34946

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Banking Information Release Form

Re: _____

(Dealer name and account number)

To Whom It May Concern:

Your bank has been designated by the above as his/their principal depository and banking reference. We operate a wholesale automobile auction for licensed new and used car dealers. Since we guarantee all dealer checks for cars bought at our auction, we require that all dealers who do business here establish their financial responsibility.

We would be grateful to you if you would check mark below your estimate of this account. This information will be held strictly confidential and will be used only for our own purpose.

Regular Checking Account Since: _____

Insufficient Check History (Please Check One) Average Balance (Please Check One)

Does

Does Not

Low 3 Figures

Medium 4 Figures

High 5 Figures

6 Figures

Requested Account Information

Business Date Average
Account: _____ Opened: _____ Balance: \$ _____

Personal Date Average
Account: _____ Opened: _____ Balance: \$ _____

Number of Returned Checks: _____ Business: _____ Personal: _____

Do You Floor Plan

for this account?

Yes

No

Maximum dollar amount: \$ _____

Floor Plan Line - New: \$ _____ Used: \$ _____

Floor Plan Outstanding- New: \$ _____ Used: \$ _____

Information Given By

Bank Stamp or Authorized Signature

Date

Dealer Signature- Dealer Authorizes Bank to Release Above Requested Information Date



BUY & SELL FEE SCHEDULE

BID PRICE	FEE
\$0-399	\$150
\$400-999	\$200
\$1000-2999	\$250
\$3000-4999	\$300
\$5000-9999	\$350
\$10000-14999	\$400
\$15000-19999	\$450
\$20000 & Up	\$500

**CHARITY DONATION VEHICLE BUY FEE'S HAVE INCREASED BY
\$100 ON TOP OF THE REGULAR BUY FEE.**

PSI FEE: \$150.00

EUROPEAN PSI \$200.00