



Please print out this form and fill it out and sign in the appropriate places. Then overnight or mail this form along with the following items: copy of business license and a color copy of the owner(s) and buyer(s) driver's licenses to Indianapolis Car Exchange, 5161 S. Indianapolis Road, Whitestown, Indiana 46075.

For the protection of all dealers and *Indianapolis Car Exchange*, the auction insurance company requires a complete application and investigation of all dealers applying to do business. Please type or print.

COMPANY INFORMATION:

Dealer Plate #: _____ Company Name: _____

Phone #: (____) _____ - _____ Fax #: (____) _____ - _____ Mobile/Pager #: (____) _____ - _____

Address: _____ City: _____ State _____ Zip _____

Federal ID #: _____ Date Organization Organized: _____ Does dealership plan to buy, sell, or both? _____

If plans include buying, what payment form will be used? (Check all that apply):

Check _____ Cash _____ Certified Funds _____ Drafts _____ Other _____

Type of Dealer (check all that apply): Retail _____ Wholesale _____ Individual _____ Partnership _____ Corporation _____

Bank/Finance Company with whom you do business: _____

Address: _____ City: _____ State _____ Zip _____

Phone #: (____) _____ - _____ Fax #: (____) _____ - _____

Official/Contact: _____ Account #: _____

Other auction(s) with whom you do business:

_____, _____, _____, _____

Buyers authorized to buy/sell under business name (I.C.E. must have color copy of photo ID):

_____, _____, _____, _____

OWNER(S) INFORMATION:

Owner Name: _____ Phone # (____) _____ - _____

Home Address: _____ City: _____ State: _____ Zip: _____

Driver's Lic. #: _____ Soc. Sec. # _____ - _____ - _____ Date of Birth: ____/____/____

Owner Name: _____ Phone # (____) _____ - _____

Home Address: _____ City: _____ State: _____ Zip: _____

Driver's Lic. #: _____ Soc. Sec. # _____ - _____ - _____ Date of Birth: ____/____/____

ALL INTERNET PURCHASES MADE BY NEW, OFF-SITE CUSTOMERS MUST BE PAID FOR NO LATER THAN THE NEXT BUSINESS DAY. PAYMENTS RECEIVED AFTER THE NEXT BUSINESS DAY WILL INCURE A \$95 LATE FEE PER PURCHASE. EXISTING CUSTOMERS WHO DO FREQUENT BUSINESS WITH THE AUCTION AND ARE APPROVED TO WRITE A CHECK FOR PAYMENT MUST OVERNIGHT A CHECK FOR THE FULL AMOUNT NOT LATER THAN THE NEXT BUSINESS DAY OR PUT VEHICLE ON APPROVED FLOOR PLAN. AT NO TIME WILL A VEHICLE BE RELEASED WITHOUT PAYMENT OR FLOORPLAN APPROVAL. FOR NO REASON ARE PERSONAL CHECKS ACCEPTED AT THIS AUCTION! FIRST TIME BUYERS ARE REQUIRED TO PAY CASH OR UNDERSTAND THAT I.C.E. WILL HOLD ALL TITLES FOR 10 BUSINESS

Owner Signature(s) _____ Date ____/____/____ Owner Signature(s) _____ Date ____/____/____

By signing, you agree to be bound by the rules and regulations of Indianapolis Car Exchange, including, but not exclusive to, applicable fees and charges for services.



Date:

To:

Re:

Regular Check Account Since:

Average Balance: _____ Low: _____ Medium: _____ High: _____

3 Figures _____ 4 Figures _____ 5 Figures _____ 6 Figures _____

Issue Non-Sufficient Checks: _____ Yes _____ No

If Yes, How many times? _____

Experience: _____ Satisfactory _____ Non-Satisfactory

Maximum Credit Recently Extended: \$ _____ Secured

\$ _____ Unsecured

Do you floor plan for this account? _____ Yes _____ No

Floor Plan Line: \$ _____ limit _____ current

Remarks: _____

Above information given by: _____

I do authorize Indianapolis Car Exchange to submit this letter on my behalf.

Please sign only: _____ Date ____/____/____

PLEASE SIGN AND DATE ONLY!

5161 South Indianapolis Road • Suite A • Whitestown, Indiana 46075
(317) 769-7777 • (317) 769-7070 Fax



Company/Business Information:

Name: _____ Date: _____
Address: _____ Phone (____) _____ - _____
City: _____ State: _____ Zip: _____
Company Status: ___ Individual ___ Partnership ___ Corporation

Owner(s) Information:

1. _____ 2. _____
D.O.B. ____ - ____ - ____ SSN: ____ - ____ - ____ D.O.B. ____ - ____ - ____ SSN: ____ - ____ - ____
City: _____ State: ____ ZIP _____ City: _____ State: ____ ZIP _____
Phone: (____) _____ - _____ Phone: (____) _____ - _____

Guarantor(s) Information:

1. _____ 2. _____
D.O.B. ____ - ____ - ____ SSN: ____ - ____ - ____ D.O.B. ____ - ____ - ____ SSN: ____ - ____ - ____
City: _____ State: ____ ZIP _____ City: _____ State: ____ ZIP _____
Phone: (____) _____ - _____ Phone: (____) _____ - _____

Creditor(s) Information:

1. _____ 2. _____
City: _____ State: ____ ZIP _____ City: _____ State: ____ ZIP _____
Phone: (____) _____ - _____ Phone: (____) _____ - _____
Contact: _____ Contact: _____



Dealer Number _____

Power Of Attorney

The undersigned, and its subsidiaries hereby duly appoint Indianapolis Car Exchange, located at 5161 Indianapolis Road, Whitestown, IN 46075 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 to the vehicle consigned by the undersigned to Indianapolis Car Exchange for its auction on 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 Indianapolis Car Exchange's agreement to execute such documents on behalf of the undersigned from time to time, the undersigned shall indemnify, defend, and hold harmless Indianapolis Car Exchange, its affiliates, subsidiaries, officers, employees, successors, and assigns from and against any all loss, damages, liability, claims, cause of action and expenses of whatever kind and nature, arising from the execution by Indianapolis Car Exchange 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.

This Power of Attorney shall be effective as the of the date of signing hereof on behalf of the undersigned and expires on December 31, 2010, unless earlier terminated by the undersigned.

Dealership _____

Signed _____

Printed _____

Subscribed and sworn to before me this ____ day of _____, 20__.

Notary Public _____

Commission expiration _____

County of Residence _____

INDIANA GENERAL SALES TAX EXEMPTION CERTIFICATE

(May not be used as an AGRICULTURAL OR UTILITY EXEMPTION CERTIFICATE)

Name _____ Account No. _____

Address _____ City _____ State _____ Zip _____ Date ____ / ____ / ____

BLANKET SINGLE PURCHASE DESCRIPTION OF ARTICLES _____

-
- Sale to Retailer, Wholesaler, or Manufacturer for Resale Only.
 - Sale of Manufacturing machinery, tools, and equipment to be used directly in direct production.
 - Sales to Not-For-Profit Organizations, claiming exempt purchases pursuant to bulletin #10.
NOTE: Many purchases by Not-For-Profit Organizations are subject to Sales Tax therefore, purchaser is cautioned to read bulletin #10 before signing this certificate.
 - Sales to Governmental units.
 - Other
(Explain) _____

I hereby certify under the penalties of perjury, that the property that is to be purchased by the use of this exemption certificate is to be used for an exempt purpose pursuant to the STATE GROSS RETAIL SALES TAX ACT.

Signed _____ Title _____

COMPANY EXEMPTION CERTIFICATES ARE NOT VALID FOR PERSONAL PURCHASES

Indianapolis Car Exchange

INDEMNITY AND HOLD HARMLESS AGREEMENT

_____ (hereinafter called "dealer") whose principal place of business is at _____ hereby appoints Indianapolis Car Exchange 5161 South Indianapolis Road Whitestown, IN 46075 (hereinafter called "ICE"), as DEALER'S agent with full and complete authority to sign odometer disclosure statements, title documents, auction invoices, or any other documents as required, in ICE's discretion, on DEALER'S behalf with regard to services provided by ICE to DEALER, including but not limited to services relating to any and all motor vehicles owned, sold, purchased, stored, inspected, serviced, or conditioned by or for DEALER at ICE.

DEALER shall indemnify, defend and hold harmless ICE, its officers, directors, employees and agents from and against any liability, loss, damage, cost, expense, claim, suit or demand, including without limitation, title services provided by ICE, odometer mileage, odometer mileage statements, breach of DEALER warranty of title or alleged misrepresentation of a DEALER regarding vehicle title, history or condition and breach by DEALER of any other of the terms set forth in the Auction Terms and Conditions.

AGREED TO AND ACCEPTED BY: _____
Company Name

Signature: _____

Printed Name: _____

Title: _____

Date: _____

State of _____
County of _____

On _____, before me, _____ (name and title of notary officer), personally appeared _____, personally know to me (or 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.

Witness my hand and official seal.

Signature: _____

(seal)

My Commission expires; _____



Dealer Licensing Information

Date: _____

Dealership Name: _____

State of _____

License Type Number	Issue Date	Expiration Date
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_____	_____	_____
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Bond Company	Bond #	Expiration Date
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_____	_____	_____
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State Tax ID #	Issue Date	Expiration Date
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_____	_____	_____
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Title Handling Method

Dealership Name: _____

Please choose from the list below, the title handling method that you want applied to titles for vehicles that you purchase through our auction.

_____ **Hold Titles At Auction**

_____ **DHL/Airborne** _____
(please provide acct #)

_____ **Fed-Ex** _____
(please provide acct #)

_____ **Other** _____

Address to send titles to if different than physical address:

Signature: _____

Print: _____

Date: _____