



# Dealers Auto Auction of the Southwest

1433 South 19<sup>th</sup> Avenue  
Phoenix, AZ 85009-6522  
Phone: (602) 253-7766  
Fax: (602) 253-4646  
[www.daasw.com](http://www.daasw.com)

## DEALER REGISTRATION APPLICATION

### DEALER INFORMATION

TRADE OR DBA BUSINESS NAME: \_\_\_\_\_

LEGAL NAME (IF DIFFERENT): \_\_\_\_\_ DATE BUSINESS STARTED: \_\_\_\_\_

GOVERNMENT BUSINESS ID: \_\_\_\_\_ AUCTION NUMBER: \_\_\_\_\_

FEDERAL TAX ID: \_\_\_\_\_

STATE TAX ID: \_\_\_\_\_ DATE ESTABLISHED: \_\_\_\_\_ DEALER LICENSE: \_\_\_\_\_

COMPANY TYPE:     SOLE PROPRIETOR             GENERAL PARTNERSHIP     LIMITED PARTNERSHIP

LLC SOLE                             LLC PARTNERSHIP         LLC CORPORATION

SUB C CORPORATION     SUB S CORPORATION     OTHER

STATE OF INCORPORATION: \_\_\_\_\_ STATE OF ORGANIZATION: \_\_\_\_\_ STATE OF REGISTRATION: \_\_\_\_\_

DEALER TYPE:     NEW             USED             BOTH

LOT ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE/PROVINCE: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_ BUS. PHONE: \_\_\_\_\_ BUS. FAX: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_ WEBSITE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE/PROVINCE: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_ BUS. PHONE: \_\_\_\_\_ BUS. FAX: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_ WEBSITE: \_\_\_\_\_

OWNERS

OWNER 1: \_\_\_\_\_ TITLE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

CITY: \_\_\_\_\_ STATE/PROVINCE: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_ BUS. PHONE: \_\_\_\_\_ BUS. FAX: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

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

DRIVER LICENSE # AND STATE: \_\_\_\_\_

OWNERS

OWNER 2: \_\_\_\_\_ TITLE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

CITY: \_\_\_\_\_ STATE/PROVINCE: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_ BUS. PHONE: \_\_\_\_\_ BUS. FAX: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

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

DRIVER LICENSE # AND STATE: \_\_\_\_\_

OWNERS

OWNER 3: \_\_\_\_\_ TITLE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

CITY: \_\_\_\_\_ STATE/PROVINCE: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_ BUS. PHONE: \_\_\_\_\_ BUS. FAX: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

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

DRIVER LICENSE # AND STATE: \_\_\_\_\_

OFFICER(S)

OFFICER 1: \_\_\_\_\_ TITLE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

CITY: \_\_\_\_\_ STATE/PROVINCE: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_ BUS. PHONE: \_\_\_\_\_ BUS. FAX: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

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

DRIVER LICENSE # AND STATE: \_\_\_\_\_

OFFICER(S)

OFFICER 2: \_\_\_\_\_ TITLE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

CITY: \_\_\_\_\_ STATE/PROVINCE: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_ BUS. PHONE: \_\_\_\_\_ BUS. FAX: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

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

DRIVER LICENSE # AND STATE: \_\_\_\_\_

OFFICER(S)

OFFICER 3: \_\_\_\_\_ TITLE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

CITY: \_\_\_\_\_ STATE/PROVINCE: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_ BUS. PHONE: \_\_\_\_\_ BUS. FAX: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

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

DRIVER LICENSE # AND STATE: \_\_\_\_\_

AUTHORIZED REPRESENTATIVES

REPRESENTATIVE 1: \_\_\_\_\_ TITLE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

CITY: \_\_\_\_\_ STATE/PROVINCE: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_ BUS. PHONE: \_\_\_\_\_ BUS. FAX: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

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

DRIVER LICENSE # AND STATE: \_\_\_\_\_

AUTHORIZED REPRESENTATIVES

REPRESENTATIVE 2: \_\_\_\_\_ TITLE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

CITY: \_\_\_\_\_ STATE/PROVINCE: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_ BUS. PHONE: \_\_\_\_\_ BUS. FAX: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

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

DRIVER LICENSE # AND STATE: \_\_\_\_\_

AUTHORIZED REPRESENTATIVES

REPRESENTATIVE 3: \_\_\_\_\_ TITLE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

CITY: \_\_\_\_\_ STATE/PROVINCE: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_ BUS. PHONE: \_\_\_\_\_ BUS. FAX: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

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

DRIVER LICENSE # AND STATE: \_\_\_\_\_



FINANCE OR FLOOR PLAN

COMPANY NAME 1: \_\_\_\_\_ NAME OF CONTACT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE/PROVINCE: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_ BUS. PHONE: \_\_\_\_\_ BUS. FAX: \_\_\_\_\_

DATE OPENED: \_\_\_\_\_ ROUTING #: \_\_\_\_\_ ACCOUNT #: \_\_\_\_\_

DATE ACCOUNT OPENED: \_\_\_\_\_ CREDIT OR FLOOR PLAN LIMIT: \_\_\_\_\_

FINANCE OR FLOOR PLAN

COMPANY NAME 2: \_\_\_\_\_ NAME OF CONTACT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE/PROVINCE: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_ BUS. PHONE: \_\_\_\_\_ BUS. FAX: \_\_\_\_\_

DATE OPENED: \_\_\_\_\_ ROUTING #: \_\_\_\_\_ ACCOUNT #: \_\_\_\_\_

DATE ACCOUNT OPENED: \_\_\_\_\_ CREDIT OR FLOOR PLAN LIMIT: \_\_\_\_\_

FINANCE OR FLOOR PLAN

COMPANY NAME 3: \_\_\_\_\_ NAME OF CONTACT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE/PROVINCE: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_ BUS. PHONE: \_\_\_\_\_ BUS. FAX: \_\_\_\_\_

DATE OPENED: \_\_\_\_\_ ROUTING #: \_\_\_\_\_ ACCOUNT #: \_\_\_\_\_

DATE ACCOUNT OPENED: \_\_\_\_\_ CREDIT OR FLOOR PLAN LIMIT: \_\_\_\_\_

## REFERENCES

AUCTION: \_\_\_\_\_ PHONE: \_\_\_\_\_  
AUCTION: \_\_\_\_\_ PHONE: \_\_\_\_\_  
AUCTION: \_\_\_\_\_ PHONE: \_\_\_\_\_  
AUCTION: \_\_\_\_\_ PHONE: \_\_\_\_\_  
AUCTION: \_\_\_\_\_ PHONE: \_\_\_\_\_

## FRANCHISE INFORMATION

FRANCHISE NAME: \_\_\_\_\_ FRANCHISE NUMBER: \_\_\_\_\_  
FRANCHISE NAME: \_\_\_\_\_ FRANCHISE NUMBER: \_\_\_\_\_  
FRANCHISE NAME: \_\_\_\_\_ FRANCHISE NUMBER: \_\_\_\_\_  
FRANCHISE NAME: \_\_\_\_\_ FRANCHISE NUMBER: \_\_\_\_\_  
FRANCHISE NAME: \_\_\_\_\_ FRANCHISE NUMBER: \_\_\_\_\_

## AGREEMENT

The undersigned Entity, and any individuals listed in this form ("Entity") does hereby authorize D.A.A.S.W., its affiliates, to obtain, store, use and provide to Subscribing Customers the information contained on this application and other information regarding the Entity, including credit information, such as bank information and credit reports, expressly disclaiming any express or implied warranties regarding such information. Customers are not limited to businesses engaged in the automobile dealer or auction industries, but may also include other businesses providing goods or services to such industries. By signing below, the Entity (1) agrees to the terms of this application and any exhibits hereto, (2) warrants that it is solvent and that the information provided herein is complete, accurate and truthful, (3) acknowledges that registration D.A.A.S.W. is no guarantee of purchasing privileges or credit, (4) agrees to be bound by the policies and procedures of each Subscribing Customer at which they are registered with D.A.A.S.W., (5) agrees that D.A.A.S.W., its affiliates, may contact Entity, on their own behalf or on behalf of their respective sellers, consignors, or other customers, for any commercial or advertising purpose, using the telephone numbers (whether business, home or mobile numbers), fax numbers, e-mail addresses, and other contact information provided on this form, or at any other address, telephone number, facsimile number or e-mail address used in connection with Entity's business. Each of the undersigned also agrees in his/her individual capacity that D.A.A.S.W., its affiliates, may obtain, store, provide, and use that individual's credit information, including bank information and credit reports, in the same manner as described above for Entity.

\_\_\_\_\_  
LEGAL NAME OF ENTITY (CORP/LLC/LLP/INDIVIDUAL)

\_\_\_\_\_  
TRADE OR DBA NAME OF ENTITY

\_\_\_\_\_  
PRINTED NAME OF AUTHORIZED SIGNER (OWNER/OFFICER/MANAGER)

\_\_\_\_\_  
WITNESS/ ATTESTER:

\_\_\_\_\_  
TITLE OF AUTHORIZED SIGNER (OWNER/OFFICER/MANAGER)

\_\_\_\_\_  
SIGNATURE OF AUTHORIZED SIGNER (OWNER/OFFICER/MANAGER)

\_\_\_\_\_  
DATE: