

THE
Charities' Vehicle Auction

4640 E. LAKE MEAD BLVD. LAS VEGAS NV 89115
PHONE: (702) 438-3028 / FAX: (702) 438-2308

LOAN COMPANY REGISTRATION

Name of Loan Company _____

Client Code # L- _____ Tax ID # _____

Address _____

Contact / Agent _____

Phone _____ Fax _____ Cell _____

FEE SCHEDULE

Sale fee: (See below)

Tow fee: \$60 (Please see the Pick-Up Request form provided for scheduling tows)

Wash fee: \$5 (unless full service detail is requested)

Title fee: \$10

RETURN THIS FORM AND THE INCLUDED POWER OF ATTORNEY TO
THE CHARITIES' VEHICLE AUCTION

THE Charities' Vehicle Auction

TIME OF PICK UP (OFFICE USE ONLY):

DATE: TIME:

VOLUNTARY VEHICLE REPOSSESSION PICK-UP REQUEST

DATE: _____ STORE #: _____

COMPANY NAME: _____

CONTACT NAME: _____ PHONE #: _____

PICK-UP LOCATION: _____

CROSS STREETS: _____

VEHICLE INFORMATION

YEAR: _____ MAKE: _____ MODEL: _____

COLOR: _____ MILEAGE: _____

VIN: _____

KEYS (CIRCLE ONE): Y N RUNS (CIRCLE ONE): Y N

TITLE AVAILABLE AT TIME OF PICK UP (CIRCLE ONE): Y N

FLAT TIRES? (CIRCLE AS APPROPRIATE):

FRONT: LEFT RIGHT

REAR: LEFT RIGHT

PLEASE FAX THIS FORM TO (702) 438-2308 FOR PICK UP OF VEHICLE(S) TO BE SCHEDULED. OUR DISPATCHER WILL CONTACT YOU DIRECTLY TO MAKE THE ARRANGEMENTS. THANK YOU.

THE Charities' Vehicle Auction

Limited Power of Attorney

I hereby authorize The Charities' Vehicle Auction and/or its employees to act as my agent to sign my name to any titles, papers, or documents that may be required for the sale and title transfer of any vehicle that is registered or consigned by me to The Charities' Vehicle Auction for the purposes of buying or selling.

The undersigned shall indemnify and hold harmless The Charities' Vehicle Auction and/or its employees from any loss or damages arising from the execution of documents transferring ownership of any vehicles. This includes titles, odometer statements, erasure affidavits, statements of fact and any other documents necessary to transfer ownership of a vehicle.

Company name: _____ Dealer No: _____

Owner name: _____

Signature of owner: _____ Date: _____

State of _____
County of _____

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

Signature of Notary Public _____