



DEALER LICENSE # \_\_\_\_\_

NAME OF DEALERSHIP \_\_\_\_\_

PHONE # \_\_\_\_\_

FAX # \_\_\_\_\_

YEARS IN BUSINESS \_\_\_\_\_

DEALERSHIP ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DEALER WEBSITE: \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

SALES TAX# \_\_\_\_\_

WE NEED COPIES OF THE FOLLOWING:

\_\_\_ DEALER'S LICENSE

\_\_\_ TAX EXEMPT CERTIFICATE

\_\_\_ FEDERAL ID #

\_\_\_ SURETY BOND

\_\_\_ DRIVER'S LICENSE (S) OWNER & AUTHORIZED AGENTS

\_\_\_ SOCIAL SECURITY # (S) OWNER & AUTHORIZED AGENTS

**COMPANY OWNER INFORMATION**    **ADDITIONAL OWNERS INFORMATION**

OWNER NAME \_\_\_\_\_

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

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE # \_\_\_\_\_ CELL # \_\_\_\_\_





DRIVER'S LICENSE # \_\_\_\_\_ SS # \_\_\_\_\_

E-MAIL \_\_\_\_\_

**AUTHORIZED AGENTS**

AGENT NAME \_\_\_\_\_

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

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE # \_\_\_\_\_ CELL # \_\_\_\_\_

DRIVER'S LICENSE # \_\_\_\_\_ SS # \_\_\_\_\_

E-MAIL \_\_\_\_\_

BUSINESS REFERENCES \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

THE PERSON OR PERSONS ARE DULY AUTHORIZED TO SELL AUTOMOBILES, TO ACCEPT PAYMENT, TO EXECUTE BILLS OF SALES, TRANSFER TITLE OWNERSHIP, ODOMETER MILEAGE AND STATEMENTS OF TITLES & WARRANTIES OF TITLES ON BEHALF OF DEALER. THE AUTHORITY OF THE FOLLOWING PERSONS TO ACT ON BEHALF OF DEALERS SHALL CONTINUE IN FULL FORCE & FULL EFFECT UNTIL DETERMINED BY DEALER IN WRITING TO VOFFER.COM. DEALER DOES HEREBY GUARANTEE ALL TRANSACTIONS MADE BY SUCH PERSONS & DOES INDEMNIFY & HOLD HARMLESS VOFFER.COM FROM ALL LOSS OR EXPENSES CAUSED AS A RESULT OF ANY INCLUDING ATTORNEY'S & COURT FEES.

I HEREBY AUTHORIZE VOFFER, INC. TO PERFORM THEIR STANDARD BUSINESS AND PERSONAL CREDIT CHECKS.

SIGNATURE OF OWNER X \_\_\_\_\_

PRINT NAME \_\_\_\_\_ DATE \_\_\_\_\_

Please fax completed registration form and all required documents to 1-800-933-1167

