



**TRI-CITIES AUTO AUCTION, LLC**

4571 Hwy 11E

Bluff City, Tn. 37618

Phone: 423.391.0044 Fax: 423.391.0045

**New Dealer Registration Form**

**Dealership Information:**

Trade or DBA Name: \_\_\_\_\_

Legal Name (if different): \_\_\_\_\_ Date Business Started: \_\_\_\_\_

Federal ID: \_\_\_\_\_

**Business Type:**

Ind. \_\_\_\_\_ Corp. \_\_\_\_\_ Partnership \_\_\_\_\_ New \_\_\_\_\_ Used \_\_\_\_\_ Wholesale \_\_\_\_\_

**Request To:** Buy \_\_\_\_\_ Sell \_\_\_\_\_ Both \_\_\_\_\_

**Contact Information:**

Lot Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_ Business Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_ Website Address: \_\_\_\_\_

Would you also like to sign-up for online bidding? \_\_\_ Yes \_\_\_ No

\*if yes an email will be sent requesting a password be setup.

**Authorized Buyers:**

Representative: \_\_\_\_\_ Salesman Lic.#: \_\_\_\_\_

Representative: \_\_\_\_\_ Salesman Lic.#: \_\_\_\_\_

Representative: \_\_\_\_\_ Salesman Lic.#: \_\_\_\_\_

Representative: \_\_\_\_\_ Signature: \_\_\_\_\_

Salesman Lic.#: \_\_\_\_\_

Authorized to Sell Cars YES NO Owners

Authorized to Sign Checks YES NO Signature: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Printed

**Please also send a copy of the following:**

**Dealer License**

**Salesman Licenses**