



Welcome to Mason Dixon Auto Auction!

To become a registered dealer here at Mason Dixon Auto Auction, we require that you have a photo membership ID card to ease both the purchase and consignment process. We are required by the state of Pennsylvania to provide proof that you are in fact a registered dealer. Therefore, you must provide us with current copies of the following Licenses:

- Dealer License
- Salesperson Licenses (for all Agents)
- Driver's License (for owner & all Agents)
- PA Dealers: Tag summary card

The following is a list of additional information you as a "new dealer" need to provide Mason Dixon Auto Auction in order to complete your registration status:

- A complete Dealer Registration form
- Authorized Agents form
- Power of Attorney
- For Company check Approval: a photo copy of your company check unless you are a "cash only" dealer
- Complete bank forms signed and stamped by a bank official (please Note: this is only needed if you do not want to buy and/or sell on cash only basis)

Please Note: Mason Dixon Auto Auction reserves the right to hold titles pending check clearance for any new dealer who has not returned the bank information sheet contained in this packet. However, if a new dealer prefers to take the titles that night, he/she will need to pay cash.

Please return this packet to Mason-Dixon Auto Auction via mail, fax, or in person to the address below:

**12876 Molly Pitcher Highway
Greencastle, PA 17225
Phone: (717) 597-3121
Fax: (717) 597-0220**

Thank you for choosing to do business with Mason-Dixon Auto Auction! Remember to visit us on the web at

www.masondixonautoauction.com

Again, THANK YOU for choosing Mason-Dixon Auto Auction!

ATTENTION DEALERS

We at Mason Dixon Auto Auction are happy to have your business. There are however, policies that need to be addressed:

PAYMENT FOR VEHICLES PURCHASED: Our payment policy is that all vehicles purchased on a Tuesday night be paid for in full by the end of that week ie Friday at 5:00pm. After that time period has elapsed and payment has not been made, a \$50.00 late fee will incur on each vehicle. Also, if vehicles are not paid for by the following Tuesday, \$20.00 per day storage fee will begin to accumulate along with another \$50.00 late fee. We want you to know that your communication with us is very important and if there should be any problem with our payment terms, you should feel free to call and discuss this matter with us.

Also, **VEHICLES ON OUR LOT TO BE SOLD:** Our Storage Fee Policy on vehicles on our lot to be sold. Once a vehicle arrives on our lot to be sold, if the vehicle runs through the sale every consecutive Tuesday and all registration fees are paid before the sale, no storage fees will be charged. However, if the vehicle is not run every consecutive Tuesday, and remains on our lot for 30 DAYS, starting on day 31 a \$20.00 per day storage fee will begin to accumulate on the vehicle.

Thank you again for doing business at Mason Dixon Auto Auction.

I, have read over and understand the above polices, and agree to abide by the Selling / Buying Polices of Mason Dixon Auto Auction.

Dealership Name: _____

Signature: _____ Date: _____



12876 Molly Pitcher Highway
Greencastle, PA 17225
(717) 597-3121
Fax Form To: (717) 597-0220
Dealer Registration Form

Dealership Name _____

DBA Name _____

Legal Name _____

Dealer Status New Wholesale
Used Leased/Rental

Address _____

City _____ State _____ Zip _____

Business Phone# _____ FAX _____

Business Type CORPORATION Yes No
PARTNERSHIP Yes No
SOLE OWNERSHIP Yes No

Officer/Owner Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ State Dealer ID # _____

Birth Date _____ SS # _____ DrL # _____ Exp. Date _____ State _____

Officer/Owner Name #2 _____ Title _____

Address _____

City _____ State _____ Zip _____

Birth Date _____ SS # _____ DrL # _____ Exp. Date _____ State _____

Mailing Address _____

City: _____ State: _____ Zip: _____

E-mail Address: _____

FINANCIAL INFORMATION

Primary Bank Name: _____

Address: _____ Suite _____

City: _____ State _____ Zip: _____

Account # _____

Phone # _____ Fax # _____

Account Officer: _____

Floor Plan: _____ Yes _____ No If Yes, Amount \$ _____

Secondary Bank Name: _____

Address: _____ Suite _____

City: _____ State: _____ Zip: _____

Account # _____

Phone # _____ Fax # _____

Account Officer: _____

Floor Plan: _____ Yes _____ No If Yes, Amount \$ _____

SIGNATURE:

By signing this document, I attest that all of the information contained herein is true and correct to the best of my knowledge. I understand that Mason Dixon Auto Auction may revoke my Dealer Registration at any time without warning. If information provided on this form is found to be inaccurate, I understand that is grounds for immediate termination of my dealer registration. I also grant the authorization for Mason Dixon Auto Auction to contact the banks credit of all individuals whose social security numbers are provided on this form for the purpose of extending dealer registration privileges.

SIGNATURE OF OWNER/OFFICER: _____

DATE SIGNED: _____



POWER OF ATTORNEY

The undersigned and its subsidiaries hereby duly appoint Mason Dixon Auto Auction, or any of its subsidiaries, through MDAA’s authorized employees and agents, to act as our Attorney-In-Fact to fill out, complete, and sign any and all papers and documents that may be necessary or helpful pertaining to the sale or purchase of vehicles through MDAA auctions, including but not limited to titles, title transfer documents, bills of sale, and odometer disclosure statements.

In considerations of MDAA agreement to execute such documents on our behalf from time to time, the undersigned shall indemnify, defend, and hold harmless MDAA its affiliates, subsidiaries, officers, directors, employees, successors, and assigns from and against any and all loss, damages, liability, claims, causes of action, and expenses of whatever kind or nature, arising from the execution or filling out by MDAA or its employees or agents of any certificates of title, odometer statements, bills of sale, or any other document necessary or helpful to the ownership transfer of vehicles purchased or sold by the undersigned through MDAA auctions. Notwithstanding the foregoing, nothing contained herein shall be construed to require the undersigned to indemnify MDAA its affiliates, subsidiaries, officers, directors, employees, successors, and assigns from any loss resulting from any gross negligence or willful misconduct of MDAA or its employees or agents.

This Power of Attorney shall be effective as of the date of signing hereof and shall continue in full force and effect until written notice or termination is provided by either of the undersigned to MDAA.

Date _____ CompanyName _____

Owner 1

Print Name _____

Sign _____

Driver License # _____

Owner 2 _____

Print Name _____

Sign _____

Driver License # _____



Authorized Agents Form

Authorized Buyer Information:

Each authorized agent will be issued a photo membership ID card. The following person or persons are duly authorized to buy and sell vehicles; to execute checks or drafts; to execute bill of sales; assignments or titles and warranties of titles binding on the undersigned. And in consideration of the auction permitting this person to participate as my representative at its sales, the undersigned does hereby guarantee all transactions made by him/her. It is further understood that this information contained herein is guaranteed by the undersigned, this agreement is to continue in full force and effect until terminated by the undersigned in writing to the auction and terminated Agent's photo membership ID card is returned to the Auction. The auction reserves the right to limit or terminate auction privileges at any time.

Dealership Name: _____

Owner's Name: _____, I hereby authorize:

(1)Print Name _____ (2)Print Name _____

Driver's License # _____ Driver's License # _____

SSN # _____ SSN # _____

Signature of Agent _____ Signature of Agent _____

(3)Print Name _____ (4)Print Name _____

Driver's License # _____ Driver's License # _____

SSN # _____ SSN # _____

Signature of Agent _____ Signature of Agent _____

to be my representative(s) at the Mason Dixon Auto Auction. This means I will be fully responsible for every transaction that he/she transacts at the Mason Dixon Auto Auction, including any transaction involving odometer tampering. Also, if a check should be returned for any reason, I will pay Mason Dixon Auto Auction immediately to keep my buying and selling privileges. (This means any check written from anyone's account for payment, purchases and/or registration, under the above dealership.)

Owner's Signature: _____ Date: _____



Company Check Acceptance Agreement

Terms and conditions of Agreement: I authorize MDAA to verify the following information by contacting credit reporting agencies, business references, and my banking institution. I accept full responsibility for any checks we issue to MDAA that are not honored by our bank. Within two (2) days notice from MDAA of a dishonored check, I will arrange for a replacement cashiers check for the original amount plus MDAA's "NSF" processing fee, and I will be responsible for all collection costs including legal fees. Further, I understand that MDAA may revoke my company check writing privileges at any time.

(Please Print or Type this Form)

Date: _____ Buyer Number _____

I: Company Information

Company Name: _____ Phone Number _____
 Address: _____ City _____ ST _____ Zip _____
 Federal Tax ID# _____
 Business Type: _____ Partnership: _____ Sole Owner _____ Corp: _____ Non-Profit: _____
 How long in business: Years _____ This address: Year _____ Fax number _____

Have you ever applied with MDAA under this or any other name? Yes No
 Company Name/Real Name: _____ Buyer # _____

II: Business Credit Reference

1. Name of business: _____ Contact Person: _____
 Number of Years doing business: _____ Phone Number: _____
 2. Name of Business: _____ Contact Person: _____
 Number of Years doing business: _____ Phone Number: _____

III: Bank Information

Bank _____ Account Number _____
 Contact Person _____ Title: _____ Phone Number _____

IV: Owner/ Officer Information

Name: _____ Phone Number: _____
 Address: _____ City _____ ST _____ Zip _____
 Business License Number: _____ Driver License Number: _____
 SSN # _____ - _____ - _____ Fax Number: _____
 Signature: _____ Title: _____ Date: _____

MDAA Use Only

Approved by _____ Entered by _____ Date _____
 Limits \$ _____ Date _____

Mason-Dixon



Auto Auction

12876 Molly Pitcher Highway
Greencastle, PA 17225
(717) 597-3121
Fax Form To: (717) 597-0220

**Company Check Approval
Bank Verification**

This form must be completed, signed, and stamped by your bank with the official bank stamp. Once the form is completed, please return by fax or mail with MDAA company check acceptance agreement to Mason-Dixon Auto Auction.

Company Name _____ Buyer/Dealer Number _____

Address _____ City _____ State _____ Zip _____

Phone _____ FAX _____

Owner/President Signature _____

Authorized to release information

Name of Bank _____

Account Number _____

Date Account Opened _____

NSF History _____ Date(s) _____

Average balance last 6 months \$ _____

Satisfactory Account _____

Letter of Guarantee: Amount Guaranteed \$ _____ Expiration Date _____

Signature _____ Date _____

Title _____ Bank Stamp _____

You may fax this form with your MDAA company check acceptance agreement to (717) 597-0220 (FAX). Should you have any questions, please feel free to call (717) 597-3121



**Add/ Delete Form
 TO DELETE OR CANCEL A CARDHOLDER**

I (Owner Name) _____ give MDAA authority to cancel
 (Cardholder Name) _____ from my Dealer # _____
 He/She is NO longer a Partner/Agent for my Company; _____

DELETED CARDHOLDERS MUST RETURN MDAA PHOTO MEMBERSHIP CARDS. OWNER IS RESPONSIBLE FOR CARDHOLDERS ACTIONS UNTIL MDAA HAS RECEIVED CARD AND CARDHOLDERS ARE REMOVED FROM SYSTEM.

Signature of Owner _____ Date _____

TO ADD A NEW CARDHOLDER:

I (Owner Name) _____ give MDAA authorization TO
 ADD CARDHOLDER (CARDHOLDERS NAME) _____
 TO MY DEALER # _____ ENTER ST. DRIVERS LIC. # _____
 OR PHOTO ID # _____ STATE/ COUNTRY _____
 EXPIRATION DATE _____ COMPANY NAME _____
 ADDRESS _____ CITY _____
 STATE _____ ZIP: _____ OFFICE PHONE _____ CELL PHONE _____

I hereby authorize above named cardholder to be my representative(s) at the Mason Dixon Auto Auction. This means I will be fully responsible for every transaction that he/she transacts at the Mason Dixon Auto Auction, including any transaction involving odometer tampering. Also, if a check should be returned for any reason, I will pay the Mason Dixon Auto Auction immediately to keep my buying & selling privileges.
 (This means any check written from anyone.s account for payment, purchases and/ or registration, under the above dealership.)

SIGNATURE OF OWNER _____ DATE _____

NOTE: COPY OF VALID DRIVERS LICENSE OR PHOTO ID MUST ACCOMPANY THIS FORM WHEN ADDING A NEW CARDHOLDER(S) OR CARDHOLDER(S) WILL NOT BE ENTERED!