



SEFA
SouthEast Florida Auctions

Dealer Registration Package

REQUESTED by: _____

ATTENTION: (Dealer Registration)
FAX NUMBER: (772)242-1048 * PHONE 772-242-8498
EMAIL: info@southeastfloridaauctions.com

*******THIS PAGE DOES NOT NEED TO BE FILLED OUT IT IS ONLY A REFERENCE PAGE*******

- ☐ DEALER LICENSE CERTIFICATE
- ☐ SURETY BOND (IF APPLICABLE)
- ☐ SALES TAX CERTIFICATE (IF APPLICABLE)
- ☐ DRIVER'S LICENSE OF ALL OWNERS AND REPRESENTATIVES
- ☐ COPY OF A VOIDED COMPANY CHECK
- ☐ REFERENCES (AUCTIONS ATTENDED) & AUCTION ACCESS #

SEFA
3500 S. US Hwy 1 Fort Pierce, Florida 34982
Office: (772) 242-8498 • Fax: (772) 242-1048



DEALER REGISTRATION

Initials _____
DLR#: _____

KO Book: _____

Credit Status: _____

Date: _____

Auction Policy Given to Dealer: _____

*****Above section to be filled out by Dealer Registration*****

Date: _____

Company Name: _____

Address: _____

Street, City, State (Zip Code)

Mailing Address: _____

(If different than above) Street, City, State, Zip

Business Phone: (____) ____ - ____ Fax: (____) ____ - ____ Cell: (____) ____ - ____

Dealer License Number: _____ Date Organized: _____

Business Type: ☐ Incorporated ☐ Partnership ☐ Sole Proprietorship
Dealer Type: ☐ New ☐ Used ☐ Export ☐ Salvage

Resale Tax Number: _____

Federal ID Number: _____

Owner's Information

Name: _____ E-mail: _____

Home Address: _____
Street, City, State, Zip

Home Phone: ____ - ____ - ____ Cell: ____ - ____ - ____

SS#: _____ Date of Birth: _____

Co-Owner's Information

Name: _____ E-mail: _____

Home Address: _____
Street, City, State, Zip

Home Phone: ____ - ____ - ____ Cell: ____ - ____ - ____

SS#: _____ Date of Birth: _____

Bank Information

Company name: _____ Account Number: _____

Bank: _____ Phone: (_____) _____ - _____

Address: _____
Street, City, State, Zip

Bank Contact: _____

Method of Payment: ☐ Cash ☐ Draft ☐ Company Check ☐ Cashiers Check

Do you Floor Plan Cars? : ☐ Yes ☐ No If YES with Whom? _____
• If less than 3 years with above financial institution, please give previous name & address.

Bank: _____ Phone: (_____) _____ - _____

Address: _____
Street, City, State, Zip

Bank Contact: _____

I give SouthEast Florida Auctions permission to obtain credit information from any source pertaining to my company, myself and all representatives for use in processing this application as well as periodic update as deemed by this auction.

Signatures: Owner/Pres.: _____ Co-Owner/Vice Pres.: _____

Reference:
(Auctions Attended) 1: _____ 2: _____ A/A #: _____



AGENCY WITH POWER OF ATTORNEY INDEMNITY AND HARMLESS AGREEMENT

_____(HEREINAFTER DEALER) WHOSE PRINCIPAL PLACE OF BUSINESS IS IN _____, APPOINTS **SOUTHEAST FLORIDA AUCTIONS** AS DEALER AGENT WITH FULL AND COMPLETE POWER OF ATTORNEY, AND AUTHORITY TO SIGN ODOMETER DISCLOSURE STATEMENTS, TITLE DOCUMENTS, AUCTION INVOICES OR OTHER DOCUMENTS AS REQUIRED ON DEALER'S BEHALF WITH REGARD TO ANY AND ALL MOTOR VEHICLES OWNED BY DEALER, WHICH ARE SOLD THROUGH SOUTHEAST FLORIDA AUCTIONS AND TO DO ANY ACT OR THING NECESSARY TO CONDUCT SUCH TRANSACTIONS FOR DEALER. DEALER WILL DEFEND, INDEMNIFY, AND HOLD HARMLESS AUCTION'S EMPLOYEE AGENTS, FROM ALL LOSSES OR EXPENSES INCURRED BY THE AUCTION AS A RESULT OF AUCTION ACTING AS A DEALER'S AGENT PURSUANT THIS AGREEMENT, INCLUDING ALL EXPENSES AND ATTORNEY'S FEES INCURRED BY AUCTION, UNLESS CAUSED BY THE AUCTION'S OWN NEGLIGENCE.

NAME OF DEALER: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

AUTHORIZED AGENT (sign): _____

AUTHORIZED AGENT (print): _____

STATE OF _____

THE FORGOING INSTRUMENT WAS ACKNOWLEDGE BEFORE ME THIS

____ DAY OF _____ 20 ____ BY _____

PERSONALLY KNOWN ☐ PRODUCED IDENTIFICATION ☐

TYPE OF IDENTIFICATION _____

NOTARY SIGNATURE

PRINTED NAME OF NOTARY PUBLIC/STAMP

****PLEASE NOTARIZE IF NOT SIGNED AT AUCTION****



*****PLEASE HAVE OWNER'S SIGNATURE NOTARIZED
IF NOT SIGNED AT AUCTION.*****

Representative Authorization Letter

Date: _____

KO Book: _____

Dealer Name: _____ **Dealer #:** _____

The Dealership referenced above wishes to register and authorize the following person as an Authorized Representative at SouthEast Florida Auctions where the Dealership conducts business. Dealership understands, and affirms it has informed the Representative listed below, that Dealership and Representative information will be stored and used by these auctions for the purpose of conducting business only.

PRINTED LEGAL NAME OF REPRESENTATIVE

S.S. # (IF N/A PASSPORT NUMBER)

HOME ADDRESS

CITY **STATE or PROV.** **COUNTRY (if exporter)** **ZIP CODE**

MOBILE TELEPHONE

HOME PHONE

E-MAIL ADDRESS

REPRESENTATIVE SIGNATURE

****PLEASE ATTACH COPY OF DRIVER'S LICENSE****

The Representative is authorized to buy and sell automobiles for the Dealership and, in connection with, so execute company checks or drafts and any other necessary instruments or documents on behalf of said dealership at either above mentioned auctions where the Dealership currently does or may do business until such time as the Dealership provides written notice of termination of authorization, via a Representative Deletion Letter executed by the Dealership. The Dealership further guarantees performance of all obligations and transactions of such Authorized Representative on its behalf and agrees and affiliates from all loss and/or expense caused by said Dealership's Authorized Representative' actions. This guaranty includes but is not limited to losses from dishonored checks or drafts, defective titles, and false or inaccurate Odometer Mileage Statements as well as any expense incurred in attempting to collect such losses, including attorney fees.

By: _____
Printed Name of Authorized Agent (Owner/Officer/Manager)

Signature of Authorized Agent (Owner/Manager)