W.M.I. AUTO AUCTION

410 N. HOLMEN DR, P.O. BOX 38, HOLMEN, WI 54636

608-526-9316 (OFFICE)

608-526-2717 (FAX)

FOR YOUR PROTECTION AND OURS, AUCTION INSURANCE AGENCY AND STATE OF WISCONSIN REQUIRES A COMPLETED APPLICATION OF ALL DEALERS

Business Information									
	Exact Legal Name:								
	DBA Name:								
	Business type: Corpora	tion		Sole-Prop	_ Partner	rship		LLC	
	Type of Dealer:	Wholesale		or Retail					
	Dealer License#:			Expira	tion Date:	/ /			
	Phone #:			Fax #:					
	Email:								
	Physical Address:								
	City:	State:	Zip:						
	Mailing Address:								
	City:	State:	Zip:						
	Year Business Establish	hed:							
	List Owners:								
	(1) Name		SSN#		Home Phone:		Cell#:		
	Home Address:					email:			
	(2)Name		SSN#		Home Phone:		Cell#		
	Home Address:					email:			
	(3)Name		SSN#		Home Phone:		Cell#		
	Home Address:					email:			
	Banking Information								
	List Bank and Finance	Company with v	hom yo	u do business:					
	Bank:		Addres	ss:					
	City:	State:	Zip:	Phone:		Fax:			
	Name of Official:			Account #:		Credit l	Limit		
	Finance Company:			Address:					
	City:	State:	Zip:	Phone:					
	Other Auctions you have	ve attended:							
	A Buyers License is required by the State of Wisconsin to submit bids and purchase vehicles at wholesale								
	auctions.								
	The following person or p								
	assignments or titles and person to participate as m								
	is further understood that	this information c	ontained	herein is guarante	ed by the undersig				
	full force and effect until		undersigi	ned in writing to t					
	Name of Representative	e:			DOB:				
	WI buyers license #								
	Name of Representative	e:			DOB:				
	WI buyers license #								
	We require a current copy of Dealer License / Driver License and Bank Reference. (page 2)								