

Registration Agreement

Thank you for your interest in **The Auto XL**. Please complete this agreement and fax it to (714) 536-7751.

For questions please call (714) 536-7750.

Dealership: _____

Legal Business Name: _____

Dealership Address: _____

City: _____ State: _____ Zip Code: _____

Authorized Buyer (s)/ Seller (s) Contact:

Primary:

*Name of Authorized Buyer/Seller: _____

Contact Name at Dealership if different from buyer/seller: _____

Phone: _____ Ext: _____ Mobile Phone: _____

Fax: _____ E-Mail: _____

*Signature: _____ Date: _____

*Printed Name of Signer: _____

Secondary:

*Name of Authorized Buyer/Seller: _____

Phone: _____ Ext: _____ Mobile Phone: _____

Fax: _____ E-Mail: _____

*Signature: _____ Date: _____

*Printed Name of Signer: _____

(*person authorized to buy/sell for this dealership*)

Business Office:

DMV Clerk or Business Manager Name: _____

Phone: _____ **Ext:** _____

Fax: _____ **Email:** _____

* Please fax over a Current Dealer License, Sellers Permit, W-9 & Surety Dealer Bond*

I accept the terms and conditions contained within the **The AutoXL** Registration Agreement and **The AutoXL** Company Policies. I hereby certify that the information contained within this agreement and on any accompanying statements is true, complete and accurate.