

ADESA Commercial Remarketing Services Truck Fleet Application



ADESA PITTSBURGH

758 Franklin Rd., P O Box 550

Mercer, PA 16137

Main Phone: 724/662-4500

Fax Number: 724/662-2840

Completed by owner/officer only

Please include a copy of drivers license

CUSTOMER INFORMATION:

Business Name : _____ Trade Name : _____

Address: _____ Telephone # : _____

City, State, Zip: _____ Fax # : _____

Federal Tax # _____

State Tax # _____

OFFICER AND OWNER INFORMATION:

Officer(s):

Name: _____ Title: _____ Hm. Ph # _____ SSN _____

Home Address: _____
(Street) (City, State, Zip)

Name: _____ Title: _____ Hm. Ph # _____ SSN _____

Home Address: _____
(Street) (City, State, Zip)

Owner(s):

Name: _____ % Owned _____ Hm. Ph # _____ SSN _____

Home Address: _____
(Street) (City, State, Zip)

Name: _____ % Owned _____ Hm. Ph # _____ SSN _____

Home Address: _____
(Street) (City, State, Zip)

The undersigned customer ("Customer") acknowledges receipt of ADESA Pittsburgh's ("ADESA") Auction Terms and Conditions, which set forth the terms and conditions under which Customer may conduct business at the auction, and, by executing and submitting to ADESA this Customer Application, and by subsequent use of the ADESA Card issued to Customer upon approval of this Customer Application, Customer agrees to the Auction Terms and Conditions, which may be changed from time to time.

IN WITNESS WHEREOF, Customer, or Customer's duly authorized representatives, has (have) executed this Customer Application this ____ day of _____, 20__.

(If a sole proprietorship)

(Printed Name of Company)

(Signature of Owner)

(If a corporation, partnership, etc.)
ATTEST:

(Printed Name of Corporation, Etc.)

By: _____
(Signature of Officer, Etc.)

By: _____
(Signature of Officer, Etc.)

(Printed Name and Title of Officer, Etc.)

(Printed Name and Title of Officer, Etc.)