



Buyer/Seller Information Sheet

DEALER AUCTIONS INC *Liquidation Station* *Public Auto Auctions*

Personal Information		
Full Name:		
First	Last	M.I.
Address:		
Street Address		Apartment/Unit #
City	State	ZIP Code
Home Phone: ()		Alternate Phone: ()
E-mail:		
Driver's License # :		State issued:
Social Security #		Date of Birth:

I have read and signed the attached Public Rules And Policies and agree to the terms _____ initials

Completed By:

FIRST AND LAST NAME OF BIDDER/SELLER

SIGNATURE OF BIDDER/SELLER

DATE

Please contact Dealer Auctions Inc with any questions or concerns:

1-800-352-4898, Fax 1-704-489-8158 or by mail 743 Crosspoint Drive, Denver NC 28037 Email: dlrauctioninfo@aol.com