

AGENCY INFORMATION

Name of Business		Date Established	
Legal (if different)		Tax I.D. Number	
Home Address	City	State	Zip
Office Address	City	State	Zip
Office Phone	Cell Phone	Fax	
Check one <input type="checkbox"/> Corporation <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership			

BANK

Name of Bank
Address

COMPANY OWNERS (LIST ALL)

Name/Title	Street Address	City, State, Zip	% Ownership*	Social Sec. #	Phone
1					
2					
3					

1 Vendor Reference
Contact
Phone Number

2 Vendor Reference
Contact
Phone Number

WHAT OTHER PRODUCTS DO YOU, AS AN AGENT, REPRESENT

1	3
2	4

I hereby certify that the facts set forth on this Agent application are true and complete to the best of my knowledge.
Auto Use is hereby authorized to make any investigation, permitted by law, of my credit history.

<hr style="border: none; border-top: 1px solid black;"/> Signature of Agent	<hr style="border: none; border-top: 1px solid black;"/> Signature of Agent
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**AGENT
DOCUMENTATION
TO BE ATTACHED TO
THIS APPLICATION**

1. Completed original copy of this Agent Application.
2. Photocopy of your Drivers License.
3. If a corporation, copy of the articles of Incorporation.

Send or Fax to:

AUTO·USE

c/o Dealer Development
45 Haverhill Street
Andover, MA 01810
Phone 800 873-2907
Fax 978 684-5245
www.autouse.com