



5435 W 450 N
Shipshewana, IN 46565
Phone (260) 463-1649 Fax (260) 572-2524

PRE-SALE BUYER REGISTRATION FORM

NAME: _____

BILLING ADDRESS _____

METHOD OF PAYMENT

Personal Check
 Business Check
 Cashier/Bank Check
 Wire Transfer

SETTLEMENT

At Sale
 Invoice (net 10)

EXPECTED AMOUNT OF PURCHASES _____

TELEPHONE

Home () _____ Office () _____ FAX () _____

Cell () _____ Email Address _____

FINANCIAL INFORMATION

Name of Bank _____

Address _____

Telephone () _____ FAX () _____

Bank Official to be Contacted _____

Signature _____

By signing this form applicant and/or responsible party authorizes Midwest Auction Company to perform a credit investigation and if the applicant is not an individual agrees to be personally responsible to Midwest Auction Company for payment of the applicant's account pursuant to the sale Terms and Conditions.

All individuals requesting billing privileges **MUST** make arrangements with the Sales Company prior to the sale. Submission of this form does not assure that the Sales Company will approve billing privileges or accept personal checks. You must clear with the sales office before the auction begins.