



Section 1 (For Office Use Only)

CONSIGNOR CODE	ID #	LOT #	CLASS CODE

TITLED ITEM: YES NO ***** ITEM RECEIVED ON: _____ *****

Section 2 (Completed By Seller) AUCTION DATE _____

YEAR _____ MAKE _____ MODEL _____

MACHINE TYPE _____ VIN OR SN _____

ADDITIONAL DESCRIPTION _____

_____ MILEAGE _____ HOURS _____

LEIN INFORMATION, IF APPLICABLE: _____

SELLER INFORMATION – COMPANY NAME _____

NAME _____

ADDRESS _____

PHONE _____ FAX _____

RETURN COMPLETED LISTING SHEETS TO OUR AUCTION OFFICE VIA FAX TO 601-450-4980