

PASSWORD REQUEST FORM FOR ONLINE BIDDING AND REPORTS

All information must be filled in clearly and completely in order to be processed.

Buyer # _____

Company Name _____

Your Name (printed) _____

Your signature _____

Email Address _____

Phone Number _____

Fax Number _____

Password _____

I intend to participate in the Auto Exchange Online Bid and Other Buyer Services and will abide by all the rules, regulations, and terms and conditions as described therein. I understand that my assigned password is confidential and that I am responsible for the use of that password. A Buyer may NOT disclose or share their password to any third parties or use the password for any unauthorized purpose. I further understand that in order to CANCEL my password, I MUST send a cancellation letter on company letterhead to Auto Exchange.

Auto Exchange reserves the right to cancel your password at any time.

***** It is the Buyer's responsibility to contact Auto Exchange after each sale regarding online bidding results. *****

Do not write below this line

For Office Use Only: Entered By: _____ Date: _____