

Auction Request Form

To: VRM
DaimlerChrysler Services
Fax#:

From: Dealer Name _____ Contact name _____
 Dealer Number _____ 5 Star Dealer _____ Contact phone # _____
 Return fax# _____

Vehicle Information Anticipated Arrival Date: _____

| Dealer Stock Number | Year | Make | Model | Mileage | Color | FULL VIN # | Floor Price | Full Detail (\$75) or Wash & Vac (\$20) | Title State | Sale Price |
|---------------------|------|------|--------------------------------|---------|-------|------------|-------------|---|-------------|------------|
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| | | | Known Vehicle Defects, if any: | | | | | | | |
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