

Auto Salvage Auctions Inc

Agent Cancellation Form

Authorized Representative Must Complete This Section

I, _____, as the _____ of the company,

(Name of Owner, General Manager, Officer)

(Title)

_____, would like to cancel all privileges for the

(Company Name)

following agents at the Auto Salvage Auction Inc.

Agent Name: _____ Buyer#: _____

Agent Name: _____ Buyer#: _____

Agent Name: _____ Buyer#: _____

Agent Name: _____ Buyer#: _____

Agent Name: _____ Buyer#: _____

Agent Name: _____ Buyer#: _____

Agent Name: _____ Buyer#: _____

Agent Name: _____ Buyer#: _____

Agent Name: _____ Buyer#: _____

Agent Name: _____ Buyer#: _____

Agent Name: _____ Buyer#: _____

Agent Name: _____ Buyer#: _____

Agent Name: _____ Buyer#: _____

Agent Name: _____ Buyer#: _____

Signature: _____ Date: _____