

DVAuction

Broadcasting Real-Time Auctions

112 S Birch St., Norfolk NE 68701 – www.dvauction.com – 402-316-5460

AUTHORIZATION FOR RELEASE OF INFORMATION

Name: _____
DVAuction Username: _____ or DVAuction User ID: _____
Address: _____
City, State, Zip: _____
Home Phone: _____ Cell Phone: _____
Email: _____

I hereby authorize DVAuction Inc. to verify that my credit card account is active and in good standing.

AND/OR

I hereby authorize DVAuction Inc. to contact my bank for, and authorize my bank to release to DVAuction Inc., information concerning my business' financial responsibility and from time to time TO UPDATE THAT INFORMATION. Although I am aware that electronic transmission of information over a public network is not secure, I nevertheless authorize my bank to provide this information to DVAuction Inc. by mail, email, telephone or fax, as requested by DVAuction Inc. A copy or facsimile of this authorization shall be as valid as the original.

DVAuction Customer Signature: _____ Date: _____

Credit Card # _____ - _____ - _____ - _____ Expiration Date ____ - ____ Code _____ (on back of card)
Is above address the billing address for Credit Card? _____ If not please provide billing address:

Bank Signature: _____ Date: _____
This signature verifies that the above customer is in good standing with your institution.

Bank Name: _____
Bank Address: _____
Bank City, State, Zip _____
Bank Phone #: _____ Bank Fax #: _____
Bank Contact Name: _____
Bank email: _____

*****PLEASE FAX TO: 402-474-5561 AS SOON AS POSSIBLE*****



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