

REG #

PETERSEN AUCTION GROUP OF OREGON

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CONSIGNMENT CONTRACT

CAR #

Company Name _____ Dlr # _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Cell _____

Email _____

Details or Vehicle History _____

Auctioneer: _____

Stage Notes: _____

PAG Rep (Int) _____

Reserve Price

Year _____ Make _____

Model _____ Cyl _____

Body Style _____ Color _____

License Number _____

Vin Number _____

For Office Use	
Title Information	
Title Received _____	State _____
Title Inspected By _____	
VIN Inspected By _____	
The odometer of the vehicle described above now reads _____ miles/kilometers and may or may not represent the actual driven miles.	

Entrance Fee of \$ _____ is due upon receipt of this Consignment Form and is **Non-Refundable**.

Commission Fee of \$ _____ or _____ % will be charged on selling price or a **\$300.00 minimum**.

As Seller, I understand that I will maintain and show proof of Insurance on the vehicle I have consigned with PAG. I have read and understand the Terms of Sale on the back side of this Consignment Form.

X _____
Consignor's Signature _____ Date _____

Payoff will be mailed _____

Bidder # _____
Sale Price \$ _____
SCC \$ _____
Commision \$ _____ %
Total Due \$ _____