

Auto Appraisal Group Inc.

Fax 434-295-7918

Phone: 434-295-1722

P. O. Box 7034, Charlottesville, VA 22906

Application for Independent Agent

PLEASE PRINT

DATE _____

CONTACT INFORMATION

Full Name _____

Address _____

City, State, Zip _____

Telephone: Home _____ Work _____

Cell _____ Email address _____

BUSINESS EXPERIENCE

Current or Most Recent Employer _____

Location, City, State, Zip _____

Your position, description of duties, experience and accomplishments _____

Employment dates _____ Current Annual Income _____
(optional)

Have you ever been self employed? What type of business? Length of operation?

Are you directly involved in buying or selling automobiles as a dealer or broker? _____

Do you buy and sell cars as a private seller? _____ If so, how many per year? _____

Do you have any car show judging experience? _____

Do you have any sales & marketing experience? _____

How many auto shows/events do you attend a year? _____

U. S. Service Experience: If in the service indicate branch, date entered, date discharged, highest rank or grade, type of discharge, terminal rank or grade.

Have you been convicted of a crime other than traffic violations? Explain _____

Give name, address & phone number of three references who are not related to you. References may or may not be previous employers.

1. _____

2. _____

3. _____

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this independent agent application as may be necessary in arriving at an agency candidacy decision.

Signature _____ Date _____