GENERAL AND INSURANCE SALVAGE SALE/CONSIGNMENT FORM

Form should be printed out and fax it to (401) 732-6300 or email it to the broker or mail it to Certified Sales, Inc., 1 Bay Avenue, Warwick, RI 02889. PLEASE SUBMIT FORM AS SOON AS POSSIBLE. The consignment terms set forth at <u>CertifiedSales.com</u>

*Ins. Company /Bank/ Other:					*Claim / Acct. #			
*Contact/Adjuster:					Phone:			
Contact eMail Address:					Fax:			
Check one:	Boat	MotorHc	ome	Engine	Motorcycle			
	Car	Other						
*Year:	*Length:	*Make:			Model:			
HIN / VIN		Trailer	Yes	Tr	ailer VIN			
			No					
Surveyor Name:					Phone:			
eMail Address:					Fax:			
*Title Holder/Former Owner:					Phone:			
eMail Address:					Fax:			
Check all that apply:	Document	Title		Registration				
*Indicate: Location of Title / Type of title / State / Liens								
Cause of damage or other reason for selling:								
Special Instructions:								

*Location of Asset:

eMail Address:	Fax:		
Storage Charges Due:	Daily Storage:	Monthly Storage:	*Insured Value:

It is understood that a commission plus special expenditures will be deducted from proceeds and itemized with complete summary.

Limitation of Liability: Certified Sales, Inc. maximum liability for the breach of any obligation in connection with this Agreement or the Sales, and any and all damages of any type or nature (whether in contract, tort or otherwise) sustained or claimed by the Buyer or any other person or entity in connection with this Agreement or the Sales, shall be limited to the amounts actually received by Certified Sales, Inc. as compensation from the seller.

Signature	Title		Date:		Save as file				
*Please make sure to provide required fields information.									
For Office Use:	Brian	Ron	Mike	Jeff	Matt	Other			