## GENERAL AND INSURANCE SALVAGE SALE/CONSIGNMENT FORM

Form should be filled out and emailed to Sales@CertifiedSales.com or printed out and faxed to (401) 737.0200. PLEASE SUBMIT FORM AS SOON AS POSSIBLE. The consignment terms set forth at <u>Certified Sales.com</u> shall be applicable to the sale of this vessel.

Insurance Company/Bank/Other		*	Claim or Account #:	
Seller Contact/Adjuster	_] F	Phone:		
		Fax: E-mail:		
Check one: Boat Engine	MotorHome		Motorcycle	Other
* Year: *Length: *Mak	e:		Model:	
HIN or VIN: TRAILE	R 🗌 Yes		Trailer VIN:	
	No No			
Surveyor: E-mail:	- F	Phone: Fax:		
Title Holder/Former Owner	F	Phone:		
		Fax: E-mail:		
Check all that apply: Document	] Title		Registration	
Location of Title, Type of Title, State, Liens				
Cause of damage or other reason for Selling				
ocation of Asset				
	*F	Phone: Fax:		
		E-mail:		
Storage Charges Due \$	Daily Storage Ch	arges	\$	
* Insured Value \$	Monthly Storage Ch		\$	
t is understood that a Commission plus special expenditures will b summary.	e deducted from proce	eds and	itemized with comp	olete
imitation of Liability: Certified Sales, Inc. maximum liability for t				
Agreement or the Sales, and any and all damages of any type or n or claimed by the Buyer or any other person or entity in connection he amounts actually received by Certified Sales, Inc. as compens	with this Agreement			
Signature Title			Date	
Please make sure to provide required fields information.				
For Office Use:	🗌 Jeff 🗌 N	Matt	Other	