



Automotive Recyclers of Michigan

DIRECT MEMBERSHIP APPLICATION

Date _____

Company Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____ (800) _____

Email _____

Owner's Name _____ Date of Birth _____

Owner's Name _____ Date of Birth _____

Have any of the principal owners named above been convicted of a crime in the past 10 years?

() No () Yes If yes, provide date and details. _____

Has the dealer license for the above company ever been suspended? () No () Yes

If yes, provide date and details. _____

Name of Manager(s) if other than the owner _____

Number of employees _____ Number of yard acres _____

Number of parts vehicles purchased each year _____ Number of repairable vehicles purchased each year _____

Method(s) of purchasing vehicles: () Contract () Private Parties () Car Dealers

() Salvage Pools () Other, specify _____

How many years has this company been in business? _____

How many years has this location been used as a salvage yard? _____

Four (4) Credit References

Someone with whom you have regular charges.

Name _____ Name _____

Address _____ Address _____

Phone _____ Phone _____

Name _____ Name _____

Address _____ Address _____

Phone _____ Phone _____

Four (4) Character References

Provide names of people other than family members who can attest to the character of the principal owner(s). Three (3) must be dismantlers. One (1) must be an ARM member.

Name _____ Name _____

Address _____ Address _____

Phone _____ Phone _____

Name _____ Name _____

Address _____ Address _____

Phone _____ Phone _____

Enclose copies of each of the following along with your check for \$595.00 made payable to Automotive Recyclers of Michigan:

- (1) Sales Tax License
- (2) State Dealer License
- (3) Local Salvage (or "Junkyard") License

Mail the application and check to: ARM • 7550 S. Saginaw, Suite 9 • Grand Blanc, MI 48439

I swear that the statements contained in the foregoing application are true and that I, as owner, member of a partnership, or an officer or director of the corporation, have authority to sign this application and to make the statements herein. Any misleading, incomplete, or false statements shall be grounds for the denial of this application, or suspension or revocation of my membership.

Print Name

Signature

Title