



VEHICLE CONSIGNMENT FORM

AUCTION DATE: **August 30, 2025**

Assigned Run #
<input type="checkbox"/> Paid

**RUN NUMBERS ARE ASSIGNED ON A FIRST COME, FIRST SERVED BASIS - ALL FEES APPLY TO EACH ACCEPTED VEHICLE ONLY**

Seller Name	Auto Dealer Name (if applicable)
Name on Title: Payments Made to Name on Title	Dealer State and Number
Mailing Address City State Zip	Phone
Email Address	Fax #

**VEHICLE INFORMATION**

Year	Make	Model
Exterior Color	Engine	Body Style
Interior Color	Transmission	Estimated Value
VIN #	Reserve Price	

**TITLE STATUS - PLEASE ATTACH A COPY OF TITLE / LIEN / POWER OF ATTORNEY** (if applicable)

Clear Title    Clear Title with Lien Release    Title with Current Lien

Lien Holder Name and Phone # (if applicable) \_\_\_\_\_

**VEHICLE DESCRIPTION AND DISCLOSURES:**

  
  
  
  
  
  
  
  
  
  

**ENTRY REQUEST**

Acceptance and final run # placement determined by auction staff.    **CONSIGNMENT FEE \$100 PER VEHICLE**

**Please initial or type an X if you agree to the following terms and conditions**

I have read and will abide by the entry rules, terms and conditions.

I certify and agree that all information I provide to CCAG is true, correct and complete.

I will notify CCAG in writing or via the CCAG website if there are any changes to the information I have provided

I understand the sellers fee is an **8% commission** of the sold price. Seller fee is **\$250** for vehicles selling under \$3,000.

Signature or type full name that you agree:	Date:
---	-------

**PAYMENT INFORMATION**

Payment Method    Check    Credit Card

Name On Card

Credit Card Number	Expiration	CCID
--------------------	------------	------

Signature or type full name that you agree:	Date:
---	-------

<b>MAIL TO:</b> CLASSIC CAR AUCTION GROUP 6600 Hesper Road Billings, MT 59106	<b>FAX: 877-763-2307</b> <b>EMAIL: info@classiccarauction.us</b>	<b>Phone</b> 406-698-7930 Craig Gould
--	---	--