

AUTHORIZATION TO RELEASE

Please release the following unit:

Year: _____
Make: _____
Model: _____
Auction ID: _____

To the following party:

Company: _____
Driver: _____
Address: _____
Driver Signature:

BUYERS PRINTED NAME: _____

BUYERS SIGNATURE: _____

Original paperwork to be sent with driver: Yes No

If Yes,
Driver's Signature _____

This release notice confirms that said unit is rightful property of listed party.

Send this form to:
Fax: 507-263-9434
Crankyape.com
ATTN: RELEASE FORM
6352 320th Street Way
Cannon Falls, MN 55009