

GQCAA REMOVAL OF REPRESENTATIVE FORM

- This form is necessary for your protection.
- This form is valid and binding.
- Please return paperwork to GOCAA via Fax: 309-787-4542. Mail: POB 409 Milan II, 61264 or

DATE	TELEPHONE		
NAME OF DEALERSHIP			
ADDRESS	CITY	STATE	ZIP
REPRESENTATIVE FULL NAME _			
REPRESENTATIVE FULL NAME _			
REPRESENTATIVE FULL NAME _			
REPRESENTATIVE FULL NAME _			
The undersigned hereby acknowledg is to remove the above listed represen		led is true and Greater Qu	ad City Auto Auction
THIS DOCUMENT MUST	BE SIGNED BY A CO	RPORATE OFFICER	OR OWNER.
PRINT: X	SIGN: <mark>X</mark>		DATE: