### **Instructions for dealer application:**

Please complete and sign the dealer application; we will need all the information in order to have a credit decision and make the proper changes to your account in a timely manner.

The first page is the standard credit form, for personal information, banking information and three dealer references in a related collectibles field. Please use the top section for the primary person on the account and the additional principal section for other partners or owners.

The second form is the bank reference form. It will expedite the process if you would take this form directly to your personal banker and request them to complete and fax back to the "reply to" fax number on the form.

The third form is the resale certificate. Please complete all blanks and sign the form and return with a legible copy of your state issued tax exemption license or permit. If you are in New York please also include a signed copy of the ST-120 required for that jurisdiction.

Lastly, is the personal guarantee which allows us to release material to your business on the extended terms contract. This form must be notarized and is required for open delivery if your company is a corporation, partnership or LLC.

## HERITAGE DEALER APPLICATION Return Via Fax: 1.214.409-2402 or Email CreditLines @HA.com

| Date                  | Amount Requested \$                | Salesperson                              | Auction                      |                    |  |
|-----------------------|------------------------------------|--|------------------------------|--------------------|--|
| Please tell us wha    | t prompted you to contact Herit    | age?                                     |                              |                    |  |
| PERSONAL INFOR        | RMATION                            |  |                              |                    |  |
| Name                  |                                    | Heritage Custo                           | omer # (if known)            |                    |  |
| Home Address (No      | PO Boxes)                          |  |                              |                    |  |
| City                  |                                    |  | State Zip_                   |                    |  |
| ome Telephone (       | )                                  | (eve) Social Security Number             | <del>-</del> <del>-</del> `_ |                    |  |
| ax ( )                | email                              |  |                              |                    |  |
| , ,                   |                                    |  |                              |                    |  |
| <b>SUSINESS INFOR</b> | MATION                             |  |                              |                    |  |
| Company Name          |                                    |  | Position                     |                    |  |
|                       | oxes)                              |  |                              |                    |  |
| City                  |                                    |  | State                        |                    |  |
| Zip                   | Telephone ( )                      | , ext.                                   | (daytime) Fax                | ( )                |  |
|                       |                                    |  |                              |                    |  |
|                       |                                    |  |                              |                    |  |
|                       |                                    | Tax Resale Number                        |                              |                    |  |
|                       |                                    | Partnership Sole Owne                    | er Sub-Chapter S Corp.       | Corporation        |  |
| ames Of Any Sub       | sidiary/Parent/Affiliated Companie | es                                       |                              |                    |  |
| dditional Princin     | als Of The Company                 |  |                              |                    |  |
|                       |                                    |  | Docition                     |                    |  |
| lante                 |                                    | City                                     | Position                     |                    |  |
| ome Tolenhans /       | 1                                  | City<br>Social Security Nu               | Sidle<br>mbor                | <ip< td=""></ip<>  |  |
| t mare than and A     | dditional Dringingle of the Compar | ny, please attach sheet with information | nibel                        | <u>-</u>           |  |
| i illore triali one A | dulional Enricipais of the Compar  | iy, piease attacii sheet with informa    | ation for each individual.)  |                    |  |
| ANK REFERENC          | E                                  |  |                              |                    |  |
| ank                   | _                                  | Acct #                                   | (personal                    | l or business)     |  |
| ddress                |                                    | City                                     | State Z                      | ʻip                |  |
| elephone (            | Fax (                              | Acct #<br>City Co                        | ntact Person                 |                    |  |
| (                     | ,                                  | ,  |                              |                    |  |
| EALER REFERE          | NCES                               |  |                              |                    |  |
|                       |                                    | which you have recent purchase           |                              |                    |  |
|                       |                                    |  |                              |                    |  |
| ddress                |                                    | City                                     | State Zir                    | )                  |  |
| ontact Person         |                                    | Re                                       | Recent High Credit           |                    |  |
|                       |                                    |  |                              |                    |  |
| ompany Name           |                                    |  | Telephone (                  |                    |  |
| .ddress               |                                    | City                                     | State Zip                    | )                  |  |
| ontact Person         |                                    | Re                                       | cent High Credit             |                    |  |
|                       |                                    |  |                              |                    |  |
| Company Name          |                                    |  | Telephone (                  |                    |  |
|                       |                                    | City                                     |                              |                    |  |
| ontact Person         |                                    | Re                                       | cent High Credit             |                    |  |
|                       |                                    |  |                              |                    |  |
| certify that the abo  | ove statements are accurate and h  | ereby authorize Heritage to obtain       | information, including credi | t reports, investi |  |
|                       |                                    | ices to release information to Herita    |                              |                    |  |
|                       |                                    | signature shall be effective for all p   |                              |                    |  |
|                       |                                    | account at the lesser of 1.5% per m      |                              |                    |  |
| nder applicable st    |                                    |  | ( 111 , 11 21111, 01 0       |                    |  |
|                       | party personally guarantees any    | credit of the applicant.                 |                              |                    |  |
|                       | , p-:, gaarantooo uni              | and a me approved.                       |                              |                    |  |
|                       |                                    |  |                              |                    |  |
| ignature on beha      | lf of applicant and personally a   | s guarantor                              | Date                         |                    |  |
| int Name              |                                    |  |                              |                    |  |
| rint Name             |                                    |  |                              |                    |  |

The parties agree that all disputes in any way relating to, arising under, connected with, or incident to this credit application or any extension of credit granted by Heritage Capital Corporation, its subsidiaries and affiliates, ["Credit"], shall be litigated, if at all, exclusively in the applicable State or Federal Courts of Dallas County, Texas. The parties also agree that Texas law exclusively shall govern all terms of the "Credit", including this paragraph. The parties expressly submit themselves to the personal jurisdiction of the State of Texas. (revised: 5/27/2014)

#### HERITAGE CAPITAL CORPORATION

3500 Maple Avenue, 17<sup>th</sup> Floor, Dallas TX 75219-3941 Reply via Fax: 214 409-2402 or Email CreditLines@HA.com

#### **AUTHORIZATION FOR RELEASE OF BANK INFORMATION**

Dear Applicant: This form is part of our investigation procedure. Please forward to the bank holding your account(s). All such information shall be kept in the strictest confidence. Please complete the sections above the dotted line.

| Account Address  |               |                               |  |  | <i>'</i> —— |  |  |
|--|---------------|-------------------------------|--|--|-------------|--|--|
| 1000111 AUU1633  | City          |                               | StateZip                                       |  |             |  |  |
| Authorized Signature(s)  |               |                               | Date:<br>Acct #(s)<br>Telephone ( )            |  |             |  |  |
| Print Name and Title   |               |                               |  |  |             |  |  |
| Bank Name  |               |                               |  |  |             |  |  |
| Bank Address   |               | City                          |  | State Zip  |             |  |  |
|  |               | ATING INFORMATION             |  |  |             |  |  |
| -ax ( )  | Attn          |                               |  | Reply via <b>Fax: 214 40</b> 9   | -2402       |  |  |
| you for your assistance.   |               |                               |  | Sincerely,<br>Marti Korver, Credit Manager                               |             |  |  |
|  |               |                               |  | 1-800-872-6467, ext 1248   |             |  |  |
|  |               |                               |  | 1-800-872-6467, ext 1248   |             |  |  |
| Date Opened:   | Average balan | ces:                          | if   | <del>-</del>   |             |  |  |
| Date Opened:High Balance:  | Average balan | ces:<br>gregate balance used? | if<br>Yes                                      | 1-800-872-6467, ext 1248<br>closed, when?                                |             |  |  |
| Date Opened:High Balance:  | Average balan | ces:<br>gregate balance used? | if<br>Yes                                      | 1-800-872-6467, ext 1248<br>closed, when?                                |             |  |  |
| Date Opened:  High Balance:  Experience and comments:  Coan Arrangements:  | Average balan | ces:<br>gregate balance used? | if<br>Yes<br><u>Loan I</u>                     | 1-800-872-6467, ext 1248  closed, when?  No <u>experience</u>            |             |  |  |
| Date Opened:  High Balance:  Experience and comments:  Oan Arrangements:  Unsecured  | Average balan | ces:gregate balance used?     | if<br>Yes<br><u>Loan I</u><br>Satisfa          | 1-800-872-6467, ext 1248  closed, when?  No  Experience actory           |             |  |  |
| Date Opened:  High Balance:  Experience and comments:  Oan Arrangements:  Unsecured  Gecured   | Average balan | ces:gregate balance used?     | if<br>Yes<br><u>Loan I</u><br>Satisfa<br>Unsat | 1-800-872-6467, ext 1248  closed, when?  No  Experience actory  sfactory |             |  |  |
| Date Opened:  High Balance:  Experience and comments:  Date Opened:  High Balance:  Insecured of the comments:  High Balance:  Analysis of the comments of the | Average balan | ces:gregate balance used?     | if<br>Yes<br><u>Loan I</u><br>Satisfa<br>Unsat | 1-800-872-6467, ext 1248  closed, when?  No  Experience actory           |             |  |  |
| Date Opened:  High Balance:  Experience and comments:  Loan Arrangements:  Unsecured  Secured  Mortgage  Installment   | Average balan | ces:gregate balance used?     | if<br>Yes<br><u>Loan I</u><br>Satisfa<br>Unsat | 1-800-872-6467, ext 1248  closed, when?  No  Experience actory  sfactory |             |  |  |
| Depository Accounts: #  Date Opened: High Balance:  Experience and comments:  Loan Arrangements:  Unsecured  Secured  Mortgage  Installment  Line of Credit  | Average balan | ces:gregate balance used?     | if<br>Yes<br><u>Loan I</u><br>Satisfa<br>Unsat | 1-800-872-6467, ext 1248  closed, when?  No  Experience actory  sfactory |             |  |  |

### **Heritage Auctions**

# **RESALE CERTIFICATE**

| Purchaser/                                       |   |                              |
|--|---|------------------------------|
| Business Name:                                   |   |                              |
| Address:   |   |                              |
| City:  | State: Zip:   |                              |
| Phone:   |   |                              |
| I HEREBY CERTIFY, that I hold va                 | alid seller's permit NO   | in the STATE                 |
| of issued pursuant to the                        | e Sales and Use Tax Law of that State;  | that I am engaged in the     |
| business of selling                              | ed herein which I shall purchase from <b>HE</b>   | that the                     |
|  | ed herein which I shall purchase from <b>HE</b> l<br>al property to purchasers not located in |                              |
|  | al property to purchasers not located in<br>a) provide a valid resale certificate in su       |                              |
|  | ales tax in, or provide a valid resale cert   |                              |
| issue of my seller's permit; PROVI               | IDED, HOWEVER, that in the event any  | of such property is used     |
| for any purpose other than retentio              | on, demonstration, or display while holding   | g it for sale in the regular |
|  | d that I am required by the Sales and Us  | se Tax Law to report and     |
| pay the tax, measured by the purch               |   |                              |
| Description of property to be                    | •   |                              |
| ART & ANTIQUES                                   |   |                              |
| COMICS   | STAMPS  |                              |
| □ COMICS □ CURRENCY                              | <ul><li>☐ JEWELRY, TIMEPIECES &amp; LUXUI</li><li>☐ MOVIE POSTERS</li></ul>                   | RY                           |
| SCIENCE & NATURE                                 | ☐ BOOKS & HISTORICAL MANUSCE  | DIDTE                        |
| SPORTS COLLECTIBLES                              |   |                              |
| □ WINE   | ☐ COMIC ART & ANIMATION   |                              |
| OTHER: (please specify)                          |   |                              |
|  |   |                              |
| Print names of authorized purcha                 | iser(s):  |                              |
|  |   |                              |
| By:(Signature of owner or authorized employee of |   | _                            |

A VALID STATE ISSUED SELLER'S PERMIT MUST ACCOMPANY THIS SIGNED FORM IN ORDER TO QUALIFY FOR TAX EXEMPT DEALER STATUS.

FORM & SUPPORTING DOCUMENTS MAY BE FAXED TO: 214-409-2103

OR EMAILED TO RESALE@HA.COM

#### **GUARANTY**

| FOR GOOD CONSIDERATION, and as an inducement for Herical (Creditor), to extend credit to  | _ or any other entity that Guarantor is associated with anty to Creditor the prompt, punctual and full payment of eivable, invoice, auction bid, collectible sale or delivery and      |
|---|--|
| Until termination, this guaranty is unlimited as to amount notwithstanding any extension, compromise, adjustment, forbea Guarantor, or release in whole or in part of any security gran thereto, in whole or in part, without releasing, extinguishing, Guarantor, the foregoing acts being hereby consented to and Guarantor,        | rance, waiver, release or discharge of any party obligor or<br>ted for said indebtedness or compromise or adjustment<br>or affecting in any manner whatsoever the liability of         |
| The obligations of Guarantor shall be at the election of Credit Creditor shall not be required to exhaust its remedies against Guarantor.   |  |
| The guaranty hereunder shall be unconditional and absolute and and set-off until all sums under this guaranty are fully paid. Guar the nature thereof, generally including, but not limited to, the accounts, or the discharge or modification thereof in any insolven  | antor further waives all suretyship defenses or defenses in a validity, regularity, or enforceability of the monies and  |
| In the event payments due under this guaranty are not pund<br>reasonable costs and attorneys' fees necessary for collection, and  |  |
| The guaranty may be terminated by any Guarantor upon fifteer mail, return receipt requested to the Creditor. Such termination (15) day period and not to prior extended credit, or goods in tra orders placed prior to said date, notwithstanding date of delivery impair the continuing guaranty of any remaining Guarantors of said | n shall extend only to credit extended beyond said fifteen<br>nsit received by Customer beyond said date, or for special<br>y. Termination of this guaranty by any Guarantor shall not |
| Guarantor warrants and represents it has full authority to enter i inure to the benefit of the parties, their successors, assigns and pand enforced under the laws of the State of Texas.   |  |
| Signed this day of, 20  | GUARANTOR:   |
| Acknowledg  | ement  |
| State of  |  |
| County of   |  |
| Before me, a Notary Public, on this day personally appeared me on the oath of) to be the person of acknowledged to me that he executed the same for the purpose a   | whose name is subscribed to the forgoing instrument and  |
| Given under my hand and seal of office this day of  | , 20   |
| (NOTARY SEAL)   | Notary Public, State of  |