



UPDATE REQUEST FORM

Existing Registered Buyers

1

GENERAL INFORMATION

IAA Buyer Number: _____ Company Name: _____

Account Owner's First Name: _____ M.I.: _____ Last Name: _____

2

AUCTION CENTER LOGIN ID REQUEST

This will allow you to bid online at all facilities where you meet state licensing requirements.

Account Owner

First and last name: _____

E-mail: _____

Additional Bidder

First and last name: _____

E-mail: _____

3

NEW MAILING ADDRESS

Old Address: _____


City: _____ State: _____ Zip Code: _____ Country: _____

New Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

4

The undersigned registered buyer (**account owner**) has read and agrees to be bound by the policies, terms, conditions and information set forth in the Insurance Auto Auctions "Auction Rules" and the "Terms of Use" for the IAA Website and acknowledges that compliance with same is a condition to remaining a buyer in good standing with Insurance Auto Auctions.

 Signature of Account Owner: _____ Date: _____

Please submit the completed and signed form to your local IAA Branch or email or fax to Buyer Services.

Insurance Auto Auctions | ATTN: Buyer Services | 701 Harger Road, Suite 201 | Oak Brook, IL 60523

E-mail: cservice@iaai.com | **Fax:** 630-382-5628