



DSAS Seller Registration Form

Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Email Address _____

Phone Number _____

***ALL ITEMS MUST BE CLEARLY LABELED WITH DESCRIPTION, ITEM NUMBER AND MINIMUM BID.
PAYOUT AVAILABLE AFTER CONCLUSION OF MONTHLY AUCTION OR 2 WEEKS AFTER ANNUAL AUCTION.***



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