



2380 Long Mill Road Youngsville, NC 27596 919-570-5570 Fax 919-562-5118 www.capautoauction.com

DEALER REGISTRATION APPLICATION - PART ONE

Dealer Name: _____ DBA: _____

Address: _____ P.O. Box: _____

City: _____ State: _____ Zip: _____

Phone: _____ Alt Phone: _____

Fax: _____ Dealer #: _____

Business Type: _____ C = Corporation; P = Partnership; S = Sole Proprietorship

Dealer Type: _____ B = Bank; F = Franchise; G = Gov't; I = Indep; L = Fleet/Lease
R = Rentals; S = Salvage; T = Retail; W = Wholesale; X = Factory

SS# _____ Fed ID# _____

Owner Name: _____ SS# _____

Drivers License #: _____

Address #1: _____ Address #2: _____

City: _____ State: _____ Zip: _____

Cell phone: _____ Pager: _____ Home: _____

Email address: _____

Partner Name: _____ SS# _____

Drivers License #: _____

Address #1: _____ Address #2: _____

City: _____ State: _____ Zip: _____

Cell phone: _____ Pager: _____ Home: _____

Email address: _____

Persons Authorized to Buy and Sell:

1) Name: _____ Phone: _____ SS#: _____

2) Name: _____ Phone: _____ SS#: _____

3) Name: _____ Phone: _____ SS#: _____

Owner Signature _____ Date _____



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DEALER REGISTRATION APPLICATION - PART TWO

Dealer: _____ Bank: _____
Address: _____ Address: _____
City: _____ City: _____
State: _____ Zip: _____ State: _____ Zip: _____
Phone: _____ Phone: _____
Fax: _____ Fax: _____
Dealer License #: _____ Account #: _____

I hereby authorize the above bank to release the information requested to CAPITAL AUTO AUCTION. I hereby authorize CAPITAL AUTO AUCTION to request the financial data needed to approve my registration.

Authorized signature/title: _____ Date: _____

Your bank has been listed by the above dealer as the principle banking reference. CAPITAL AUTO AUCTION is a wholesale automobile auction for licensed new and used car dealers. We require that all dealers who do business with us establish their financial credibility. Please answer the following questions concerning the status of the referenced account. This information will be held in strict confidence and will be used for our purposes only.

Date account established: _____
Telephone: _____ Fax: _____
Account type: Regular _____ Special _____ Credit Line _____ Limit: _____
Account rate: Good _____ Fair _____ Poor _____
Average account balance: 3 Figures _____ 4 Figures _____ 5 Figures _____
Accept Drafts on this account? Yes _____ No _____
Insufficient Check History: Common _____ Uncommon _____
Number of NSF's in the last 12 months: _____
Bank officer: _____ Title _____
Bank Name: _____ Date _____

Thank you for your assistance.



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DEALER REGISTRATION APPLICATION - PART THREE

Dealer Name: _____ Branch: _____

AUCTION REFERENCES

1. Name: _____ City & State _____

2. Name: _____ City & State _____

3. Name: _____ City & State _____

FOR OFFICE USE ONLY

1) Auction: _____ Representative: _____

Registered: _____ Last attended: _____ Payment Type: _____

Number of NSF: _____ Date of last NSF: _____

	MTD	YTD	Dollars \$
Cons:			
Sold:			
Purchased:			

Last consigned: _____ Last sold: _____ Last bought: _____

NOTES: _____

2) Auction: _____ Representative: _____

Registered: _____ Last attended: _____ Payment Type: _____

Number of NSF: _____ Date of last NSF: _____

	MTD	YTD	Dollars \$
Cons:			
Sold:			
Purchased:			

Last consigned: _____ Last sold: _____ Last bought: _____

NOTES: _____



DEALER REGISTRATION APPLICATION - PART FOUR

MARKETING CONSENT FORM

Dealership Name: _____

Dealership Address: _____

City: _____ State: _____ Zip Code _____

Telephone: _____

Fax: _____

Email: _____

I understand that by providing my mailing address, email address, telephone number, and fax number, the above named dealer consents to receive communications sent by or on behalf of **Capital Auto Auction** (and its subsidiaries and affiliates) via regular mail, email, telephone, or fax.

Signature: _____

Title: _____

Print Name: _____

Date: _____