



2380 Long Mill Road Youngsville, NC 27596 919-570-5570 Fax 919-562-5118

NEW DEALER REGISTRATION INFORMATION

Below is the information you will need to establish the right to buy and sell vehicles with Capital Auto Auction:

You must provide us with a copy of:

1. Completed and signed dealer application
2. State dealer's license
3. Driver's license for anyone authorized to buy and sell for your dealership
4. Salesman's license for anyone authorized to buy and sell for your dealership

To be considered for check writing privileges, a dealer must:

1. Be an established dealership for a period of six (6) months or more
2. Provide requested information regarding your bank
3. Be approved by Capital Auto Auction's management

Until all these steps are met, you will be on a "Cash Only" basis.

Thank you for your interest in Capital Auto Auction. Please fax or email the new dealer registration information to theresa.barbour@leithcars.com. If you have any questions, please do not hesitate to contact us at (919) 570-5570. We will be happy to assist you. We look forward to seeing you at the auction.



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DEALER REGISTRATION APPLICATION – PART ONE

Dealer Name: _____ DBA: _____

Address: _____ P.O. Box: _____

City: _____ State: _____ Zip: _____

Phone: _____ Alt Phone: _____

Fax: _____ Dealer# _____

Date Dealership Established: _____ 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

Fed ID# _____

Owner Name: _____ SS#: _____

Drivers License#: _____

Address #1: _____ Address #2: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Alt Phone: _____

Email address: _____

Partner Name: _____ SS#: _____

Drivers License#: _____

Address #1: _____ Address #2: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Alt Phone: _____

Email address: _____

Persons Authorized to Buy and Sell:

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

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

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

Owner Signature: _____



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DEALER REGISTRATION APPLICATION - PART TWO

Dealer Complete

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.

Bank Complete

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: _____



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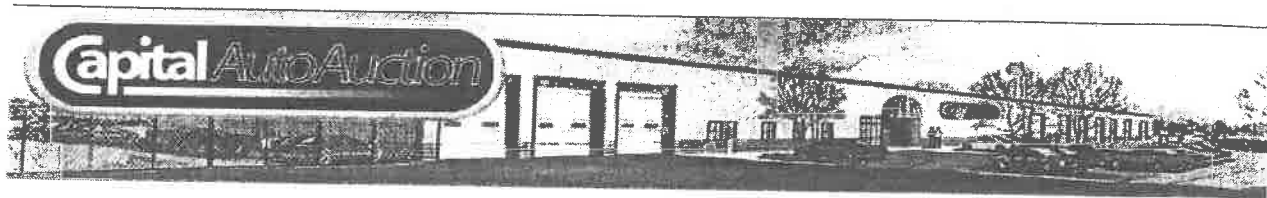
DEALER REGISTRATION APPLICATION - PART FOUR

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: _____



I do hereby state that I have received the dealer registration application and a summary of Capital Auto Auctions rules and regulations.

Signature: _____ **Date:** _____

Dealership Name: _____ **Dealer #** _____

Capital Auto Auction Representative: _____