



## Dealer Registration

Thank you for considering Capital Auto Auction to be a part of your business. Please do not hesitate to contact us if you have any questions, we would be happy to assist you. We look forward to seeing you at the auction!

### Required Information:

*\*\*All information requested is required for insurance purposes and by the IRS. Capital Auto Auction keeps all information secured and does not share any documentation with third parties.\*\**

- Copy of completed Dealer Application and signed Terms of Conditions form. (Available online under the 'Dealer Registration' tab)
- Copy of state Dealer's License
- Social Security Number
- Driver license for each individual buyer on your account
- Copy of Salesman's License for each individual buyer on your account

### Check Writing Privileges:

- Dealership must be an established dealer for a period of six (6) months or more.
- Dealership must provide requested bank information in Dealer Application.
- Must be approved by Capital Auto Auction Management.

**\*Until these requirements are met, the dealership will remain on a "Cash Only" basis.\***

Please email fax or deliver your Dealer Registration information to be registered for our auction.

Mary Crawford  
mary.crawford@leithcars.com  
Phone: 919-570-5570  
Fax: 919-562-5118



## Dealership Information

Dealer Name: \_\_\_\_\_

DBA: \_\_\_\_\_

### PHYSICAL ADDRESS:

Address: \_\_\_\_\_ P.O. Box:  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt. Phone:  
\_\_\_\_\_

### MAILING ADDRESS:

Address: \_\_\_\_\_

P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt. Phone:  
\_\_\_\_\_

Fax: \_\_\_\_\_ Dealer # \_\_\_\_\_

Date Dealership Established: \_\_\_\_\_

Fed ID#: \_\_\_\_\_

# Dealership Information (Continued)

**CIRCLE ONE**

**Dealer Type:**

Bank / Franchise / Gov't / Indep / Fleet - Lease /  
Rentals / Salvage / Retail / Wholesale / Factory

**Bussiness Type:**

Corporation / Partnership / Sole Proprietorship

**Owner Name:** \_\_\_\_\_ **SS#:** \_\_\_\_\_

**Drivers License #:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Alt Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Partner Name:** \_\_\_\_\_ **SS#:** \_\_\_\_\_

**Drivers License #:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Alt Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Persons Authorized to Buy and Sell:**

1) \_\_\_\_\_ **Phone:** \_\_\_\_\_ **SS#:** \_\_\_\_\_

2) \_\_\_\_\_ **Phone:** \_\_\_\_\_ **SS#:** \_\_\_\_\_

3) \_\_\_\_\_ **Phone:** \_\_\_\_\_ **SS#:** \_\_\_\_\_

4) \_\_\_\_\_ **Phone:** \_\_\_\_\_ **SS#:** \_\_\_\_\_

**Owner Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## Marketing Consent Form

**Dealership Name:** \_\_\_\_\_

**Dealership Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Zip Code:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**By signing this document, I understand that the named dealer above 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.**

**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_



# Dealership References Form

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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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:

\_\_\_\_\_  
\_\_\_\_\_



# Bank Information

## Dealer to complete:

Dealer: \_\_\_\_\_ Bank: \_\_\_\_\_  
 Address: \_\_\_\_\_ Address: \_\_\_\_\_  
 City: \_\_\_\_\_ City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 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 the above dealer as the principle banking reference. 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.

Authorized Signature & Title: \_\_\_\_\_ Date: \_\_\_\_\_

## Bank to 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: \_\_\_\_\_



**Terms & Conditions Agreement**

**I do hereby state that I have received the dealer registration application and summary of Capital Auto Auction Rules and Regulations.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Dealership Name:** \_\_\_\_\_

**Dealer#:** \_\_\_\_\_

**Capital Auto Auction Representative:**

\_\_\_\_\_