



600 Winfield Road ~ St. Albans, WV 25177
Phone: (304) 201-2270 Fax: (304) 201-2287

Welcome to Capital City Auto Auction ! Please fill out the following packet and return to our Dealer Registration department upon completion. Be sure to fill out all information to maximize your experience here at Capital City. If you have an Auction Access number, please inform our Dealer Registration prior to filling out this packet. An Auction Access account may minimize the amount of information we need. Upon submitting this packet, please be sure to include:

- ✧ Copy of your current Dealer License
- ✧ Copy of each Authorized Agent's driver's license
- ✧ Copy of each Authorized Agent's salesperson license (if state required)
- ✧ Voided company check

Mail packet to: Dealer Registration
600 Winfield Road
St. Albans, WV 25177

or

Fax packet to: (304) 201-2287

or

E-mail packet to:



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NAME OF DEALERSHIP: _____
LEGAL NAME (IF DIFFERENT): _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: (____) _____ FAX: (____) _____
EMAIL: _____

BUSINESS INFORMATION

TYPE (LLC, SOLE PROPRIETORSHIP, ETC.): _____

OWNER NAME: _____
HOME ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____

OWNER/OFFICER: _____ TITLE: _____
HOME ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____

BUSINESS START DATE: _____ DEALER LICENSE #: _____
PENNSYLVANIA DEALERS- PENNDOT # FOR TITLES: _____

SELECT ALL THAT APPLY

USED NEW WHOLESALE RETAIL SALVAGE EXPORT
ALTERNATE LICENSE # (FRANCHISE, SALVAGE, ETC.): _____

CREDIT INFORMATION

BANK: _____ ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
ACCOUNT #: _____ CREDIT OF FP LIMIT: _____
BANK CONTACT: _____ PHONE NUMBER: _____

FLOOR PLAN CO.: _____ ACCT #: _____

AUCTION REFERENCES

1: _____ CITY: _____ LAST DAY ATTENDED: _____
2: _____ CITY: _____ LAST DAY ATTENDED: _____
3: _____ CITY: _____ LAST DAY ATTENDED: _____



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REQUIREMENTS FOR CAPITAL CITY'S 30 DAY FLOAT PROGRAM

- 1) MOST CURRENT 2 YEAR TAX RETURN
- 2) CURRENT FINANCIAL STATEMENT
- 3) CURRENT BANK LETTER

THIS INFORMATION WILL BE SUBMITTED TO OUR CONTROLLER AND UNDERWRITERS FOR REVIEW. THE PROCESS TAKES ABOUT FIVE DAYS.

EACH VEHICLE THAT IS PUT ON THE FLOAT PROGRAM WILL BE ASSESSED A \$45.00 FLOAT FEE. YOU MUST WRITE ONE CHECK PER FLOAT.

WHEN A FLOAT VEHICLE IS SOLD YOU **MUST** NOTIFY THE AUCTION. THE CHECK WILL BE DEPOSITED AND THE TITLE MAILED TO YOUR OFFICE.

THERE WILL BE FLOAT INVENTORY LOT CHECKS DONE ON A REGULAR BASIS.

IF YOU HAVE ANY QUESTIONS OR NEED FURTHER INFORMATION, PLEASE CONTACT MARGIE WILLS, CONTROLLER AT (304) 592-5300 EXT. 31

THANK YOU,

A handwritten signature in black ink that reads "Margie Wills". The signature is written in a cursive, flowing style.

MARGIE WILLS
REGIONAL CONTROLLER
CAPITAL CITY AUTO AUCTION



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DATE: _____ NAME OF DEALERSHIP: _____

_____ wishes to register the following person as an "Authorized Agent" to buy/sell automobiles, to execute checks or drafts, and to execute bill of sale, Odometer Mileage Statements, assignments of titles and warranties of titles on behalf of the Dealer. Dealer understands and agrees that the authority of such person to act on behalf of the Dealer shall continue in full force until terminated by Dealer in writing to Auction. Dealer hereby guarantees all transactions made by such person, and agrees to indemnify and hold harmless the Auction from all loss or expense caused as a result of any such transaction, including but not limited to losses from dishonored drafts, defective titles, and false or inaccurate Odometer Mileage Statements, as well as any expense incurred in attempting to collect such losses including attorney's fees.

Name of Agent

Signature of Agent

Home Address

City, State, Zip

Driver's License Number

Social Security Number

Date of Birth

Home Phone

Cell Phone Number

Signature of Owner/Officer

Sworn to and subscribed to before me this ____ day of _____. My commission expires this ____ day of _____.

(Notary Public)



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CAPITAL CITY AUTO AUCTION WILL NOT BE RESPONSIBLE FOR ANY MECHANICAL PROBLEMS THAT OCCUR DURING PICK-UP OR DELIVERY OF DEALER UNITS. DEALER WILL BE RESPONSIBLE FOR ANY TOWING FEES.

DATE: _____

DEALERSHIP NAME: _____

BY: _____
(Signature of Owner/Officer/Representative)

(Printed name of Owner/Officer/Representative)



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MARKETING CONSENT FORM

IN ORDER TO BEGIN OR CONTINUE TO RECEIVE MARKETING COMMUNICATIONS FROM CAPITAL CITY AUTO AUCTION, PLEASE COMPLETE THE FORM BELOW AND RETURN TO THE AUCTION.

DEALERSHIP NAME: _____

ATTENTION TO: _____

ADDRESS: _____

TELEPHONE: _____

FAX: _____

EMAIL: _____

I understand that by providing my mailing address, telephone number, fax number, and e-mail address, the above name registered dealer at Capital City Auto Auction hereby consents to receive communications sent by of on behalf of Capital City Auto Auction via mail, telephone, fax, or e-mail.

SIGNATURE: _____

PRINTED NAME: _____

TITLE: _____ DATE: _____



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ADDITIONAL INFORMATION NEEDED BY OWNER

NAME: _____

HOME PHONE: _____

CELL PHONE: _____

ADDRESS: _____

SOCIAL SECURITY #: _____

DRIVER'S LICENSE #: _____

E-MAIL ADDRESS: _____



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State of _____

County of _____

CCAA # _____

TITLE CLERK AUTHORIZATION

I, _____ (Consignor)

(Name) (Title) (Business name)

do hereby duly authorize Capital City Auto Auction and/or its employees to act as agent to sign all papers and documents that may be necessary pertaining to the sale and subsequent title transfer of the vehicles owned by Consignor and consigned to Capital City Auto Auction for sale, including without limitation, any title, title transfer document, reassignment or odometer disclosure statements as required by federal or state law.

Margaret L. Willis	Christy Brock	Kim Roberts	Megan Snodgrass
Sue Pryor	Carolyn Murray	Melissa Lovejoy	Alisha Hartman

In consideration of Capital City Auto Auction's agreement to execute such documents on Consignor's behalf from time to time, Consignor shall indemnify, defend and hold harmless Capital City Auto Auction, its affiliates, subsidiaries, officers, directors, employees, successors and assigns from and against any and all loss, damages, liability, claims, causes of action, and expenses of whatever kind or nature, arising from the execution of transfer of ownership of any consigned vehicle or from the execution by Capital City Auto Auction or its employees or agents of any certificate of title, odometer statement, bill of sale or other document necessary to transfer ownership of a consigned vehicle. Notwithstanding the foregoing, nothing contained herein shall be construed to require Consignor to indemnify Capital City Auto Auction from any loss resulting from any gross negligence or willful misconduct of Capital City Auto Auction or its employees or agents.

Consignor further agrees to guarantee and save the authorities of any state requested to process such transfer of title from all responsibility with respect to this Title Clerk Authorization.

(Printed Name of Consignor)

(Signature)

Sworn to and subscribed to me this ___ day of _____.
My commission expires this ___ day of _____.

(Notary Public)



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BANK REFERENCE PAGE

DEALER- PLEASE FILL OUT PART 1 ONLY--- PART 2 IS TO BE FILLED OUT BY BANK

PART 1

BANK NAME _____
BANK ADDRESS: _____
PHONE NUMBER: _____ FAX NUMBER: _____
ACCOUNT NUMBER: _____
COMPANY NAME: _____
COMPANY ADDRESS: _____
SIGNATURE: _____ TITLE: _____

I hereby authorize the above to release the information requested and financial data needed to Capital City Auto Auction, which is needed to approve my registration. Any fees assessed by Capital City Auto Auction from the bank to release this information will be charged to the Dealer.

PART 2

Your bank has been listed by the above Dealer as his/her/their principle banking preference. Capital City 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 financial responsibility.

Please check mark below your estimate of this account. This information will be held strictly confidential and will be used only for Capital City Auto Auction purposes.

1. DATE ACCOUNT WAS ESTABLISHED: _____

A-1 Good Risk Fair Risk Poor Risk

The Account is: A Regular Account A Special Account

Issues Insufficient Checks: Does Does Not

Average Balance: Low Medium High

Figures: 3 Figures 4 Figures 5 Figures 6 Figures

2. Is there a credit line: Yes No \$ _____ Limit \$ _____ Unused

Is there a floor plan: Yes No \$ _____ Limit \$ _____ Unused

Do you accept automobile drafts on this account: Yes No

Any drafts ever returned: Yes No

Above information provided by: _____ Date: _____