



**600 WINFIELD ROAD
ST.ALBANS, WEST VIRGINIA 25177
PHONE – 304-201-2270 FAX-304-201-2288
WEBSITE –WWW.CAPITALCITYAA.COM**

THANK YOU FOR YOUR INTEREST IN CAPITAL CITY AUTO AUCTION. WE LOOK FORWARD TO THE OPPORTUNITY TO WELCOME YOUR DEALERSHIP AS A SATISFIED AUCTION CUSTOMER.

ATTACHED IS AN APPLICATION FOR REGISTRATION AT OUR AUCTION. IN ADDITION TO THIS COMPLETED APPLICATION, WE WILL ALSO NEED COPIES OF THE FOLLOWING:

- DEALER LICENSE
- DRIVER'S LICENSE—FOR EACH AUTHORIZED AGENT
- COMPANY CHECK
- SURETY BOND (IF REQUIRED BY STATE)

PLEASE FAX THIS INFORMATION TO (304) 201-2288.
YOU MAY ALSO EMAIL THIS PACKET TO AMBER@CAPITALCITYAA.COM.

A REGISTRATION FEE OF **\$25.00** IS DUE AT THE TIME OF REGISTRATION.

IF YOU SHOULD HAVE ANY QUESTIONS, PLEASE CALL REGISTRATION AT (304) 201-2270
OR 1-800-233-1916.

*IF LOCATION OF DEALERSHIP IS GREATER THAN 300 MILES OR UNTIL CHECKS ARE APPROVED—PAYMENT BY CASH, CASHIER'S CHECK OR WIRE TRANSFER ONLY.



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NAME OF DEALERSHIP _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE(_____) _____ FAX(_____) _____

EMAIL _____

BUSINESS INFORMATION:

IS THE DEALERSHIP AN INDIVIDUAL _____ PARTNERSHIP _____ CORPORATION _____ LLC _____

LIST OF OWNERS AND OFFICERS:

NAME _____ TITLE _____ HOME TELEPHONE _____

HOME ADDRESS _____ STATE _____ ZIP _____

NAME _____ TITLE _____ HOME TELEPHONE _____

HOME ADDRESS _____ STATE _____ ZIP _____

NAME _____ TITLE _____ HOME TELEPHONE _____

HOME ADDRESS _____ STATE _____ ZIP _____

WHEN WAS DEALER ORGANIZED _____ DEALER'S LIC NO. _____

PENNSYLVANIA DEALERS: DOT # FOR TITLE WORK _____

TYPE OF DEALER: FRANCHISED _____ USED _____ WHOLESALE _____ RETAIL _____

IF FRANCHISED – MAKE OF CAR SOLD _____

DO YOU EXPECT TO BUY _____ SELL _____ IF YOU EXPECT TO BUY, WILL YOU USE,
CASH _____ CHECK _____ (SUBJECT TO AUCTION APPROVAL)

CREDIT INFORMATION

BANK _____ ADDRESS _____

ACCOUNT # _____ CREDIT OR FP LIMITS _____ CONTACT _____

FLOOR PLANNING _____ ACC # _____ CONTACT _____

REFERENCES:

OTHER AUCTIONS YOU ATTEND:

1. _____ CITY _____ DATE REGISTERED _____

2. _____ CITY _____ DATE REGISTERED _____

3. _____ CITY _____ DATE REGISTERED _____



BANK REFERENCE PAGE

ATTENTION DEALER- FILL OUT PART 1 ONLY-- PART 2 IS FOR YOUR BANK TO FILL OUT

PART 1

Bank Name _____

Bank Address _____

Phone Number _____ Fax Number _____

Account Number _____

Company Name _____ Signature _____

Address _____ 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 your bank to release this information will be charged to you.

PART 2

Your bank has been listed by the above dealer as his /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 their financial responsibility.

We would grateful if you would check mark below your estimate of this account. This information will, of course, be held strictly confidential and will be used only for our purposes.

1. DATE ACCOUNT ESTABLISHED _____

- A-1 Good Risk
- Fair Risk Poor Risk

The Account is: Issues Insufficient Checks:

A Regular Account Does

A Special Account Does Not

Average Balance:

Low 3 Figures 5 Figures

Medium 4 Figures 6 Figures

High

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 _____



State of _____

County of _____

CCAA# _____

TITLE CLERK AUTHORIZATION

I, _____, _____ (Consignor) do hereby duly authorize
Name Title
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. Wills Patricia A. Wazelle Stephanie D. Criner Angela G. Strobe
Rachelle Estep Barbara Burns Susan D. Wymer

In consideration of Capital City Auto Auction's agreement to execute such documents on *consignor's* behalf from time to time, _____ shall indemnify, defend and
Name of Dealership

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 of nature, arising from the execution 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.

_____ further agrees to guarantee and save the authorities of any state
Name of Dealership
requested to process such transfer of title from all responsibility with respect to the Title Clerk's Authorization.

Signature

Print Name

Sworn to and subscribed before me this ___ day of _____, 20__.
My commission expires on the ___ day of _____, 20__.
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: _____
REPRESENTATIVE SIGNATURE

PRINTED NAME



Internet Registration and Authorization

DATE: _____

_____ (Dealership Name) wishes to register and authorize the following person(s) to buy/sell vehicles on line for our dealership. Dealer understands and agrees the authority of said individual to act on behalf of the dealer shall continue in full force and effect until terminated by dealer **in writing** to Capital City Auto Auction. Dealer hereby guarantees all transactions made by said agent and agrees to indemnify and hold harmless the auction from all loss or expense caused as a result of any transactions as well as any expense incurred in attempting to collect on such loss, including attorney's fees.

Name of Owner

Signature of Owner

Authorized Agent's Name

Email of Agent

Agent's Social Security Number

Agent's Signature

SWORN AND SUBSCRIBED TO ME THIS ____ DAY OF _____, 20__.

NOTARY PUBLIC

Once registered you will received (2) emails confirming registration and issuing your user name and password respectively. Log on to www.capitalcityaa.com and click the link "**click here to enter online auction**", you will then enter your user name and password in the appropriate boxes. This will give you access to purchase vehicles with us online. Our auction starts promptly every Friday @ 9:15 a.m. Any questions please feel free to contact the Sales Department at anytime @ (304) 201-2270. Thank you for choosing Capital City Auto Auction.



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AUTHORIZED AGENT’S FORM

Date: _____ Name of Dealership: _____

_____ wishes to register the following person as “Authorized Agent” to
Dealership Name
buy and sell automobiles, to execute checks or drafts, and to execute bills of sale, Odometer Mileage Statements, assignments of titles, and warranties of titles on behalf of Dealer. Dealer understands and agrees that the authority of such person to act on behalf of Dealer shall continue in full force and effect until terminated by dealer in writing to the 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 it 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 (Company Representative)

Sworn to and subscribed before me this ___ day of _____, 20__.
My commission expires this ___ day of _____, 20__.

Notary Public



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**ADDITIONAL INFORMATION
NEEDED ON OWNER**

Name: _____

Home Telephone: _____

Cell Phone: _____

Address: _____
(No P.O. Boxes Please)

Social Security No.: _____

Driver's License No.: _____

Email Address: _____



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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: _____

Address: _____

Telephone: _____

Fax: _____

E-Mail: _____

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

Signature: _____

Title: _____

Please print name _____

Date: _____

Certificate of Exemption

This is a multistate form. Not all states allow all exemptions listed on this form. Purchasers are responsible for knowing if they qualify to claim exemption from tax in the state that would otherwise be due tax on this sale. The seller may be required to provide this exemption certificate (or the data elements required on the form) to a state that would otherwise be due tax on this sale.

The purchaser will be held liable for any tax and interest, and possibly civil and criminal penalties imposed by the member state, if the purchaser is not eligible to claim this exemption. A seller may not accept a certificate of exemption for an entity-based exemption on a sale made at a location operated by the seller within the designated state if the state does not allow such an entity-based exemption.

1. **!!** Check if you are attaching the Multistate Supplemental form.
!! If not, enter the two-letter postal abbreviation for the state under whose laws you are claiming exemption.
2. **!!** Check if this certificate is for a single purchase and enter the related invoice/purchase order # _____.

3. Please print

Name of purchaser _____			
Business Address _____		City _____	State _____
		Zip Code _____	
Purchaser's Tax ID Number _____		State of Issue _____	Country of Issue _____
If no Tax ID Number Enter one of the following:	FEIN _____	Driver's License Number/State Issued ID Number State of Issue: _____ Number _____	Foreign diplomat number _____
Name of seller from whom you are purchasing, leasing or renting _____			
Seller's address _____		City _____	State _____
		Zip code _____	

4. Type of business. Circle the number that describes your business

- | | |
|---|---|
| <p>01 Accommodation and food services</p> <p>02 Agricultural, forestry, fishing, hunting</p> <p>03 Construction</p> <p>04 Finance and insurance</p> <p>05 Information, publishing and communications</p> <p>06 Manufacturing</p> <p>07 Mining</p> <p>08 Real estate</p> <p>09 Rental and leasing</p> <p>10 Retail trade</p> | <p>11 Transportation and warehousing</p> <p>12 Utilities</p> <p>13 Wholesale trade</p> <p>14 Business services</p> <p>15 Professional services</p> <p>16 Education and health-care services</p> <p>17 Nonprofit organization</p> <p>18 Government</p> <p>19 Not a business</p> <p>20 Other (<i>explain</i>) _____</p> |
|---|---|

5. Reason for exemption. Circle the letter that identifies the reason for the exemption.

- | | |
|--|--|
| <p>A Federal government (<i>department</i>) _____</p> <p>B State or local government (<i>name</i>) _____</p> <p>C Tribal government (<i>name</i>) _____</p> <p>D Foreign diplomat # _____</p> <p>E Charitable organization # _____</p> <p>F Religious or educational organization # _____</p> <p>G Resale # _____</p> | <p>H Agricultural production # _____</p> <p>I Industrial production/manufacturing # _____</p> <p>J Direct pay permit # _____</p> <p>K Direct mail # _____</p> <p>L Other (<i>explain</i>) _____</p> |
|--|--|

6. Sign here. *I declare that the information on this certificate is correct and complete to the best of my knowledge and belief.*

Signature of Authorized Purchaser _____	Print Name Here _____	Title _____	Date _____
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Name of Purchaser

STATE	Reason for Exemption	Identification Number (If Required)
AR*		
IA		
IN		
KS		
KY		
MI		
MN		
NC		
ND		
NE		
NJ		
NV		
OH		
OK		
RI		
SD		
TN*		
UT		
VT		
WV		
WY		

SSUTA Direct Mail provisions are not in effect for Arkansas and Tennessee.

The following nonmember states will accept this certificate for exemption claims that are valid in their respective state. SSUTA Direct Mail provisions do not apply in these states.

XX		
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Request for Taxpayer Identification Number and Certification

Give form to the requester. Do not send to the IRS.

Print or type See Specific Instructions on page 2.	Name	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶	
	<input type="checkbox"/> Exempt from backup withholding	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code		
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I Instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 3.

Social security number								
or								
Employer identification number								

Note: If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).

Certification Instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the Instructions on page 4.)

Sign Here	Signature of U.S. person ▶	Date ▶
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Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

Note: If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Foreign person. If you are a foreign person, use the appropriate Form W-8 (see Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien.

Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.