600 Winfield Road, St. Albans, WV 25177
Phone: (304) 201-2270 Fax: (304) 201-2285

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 account, 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 Agents 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) 201-2285

Or

Email packet to: registration@capitalcityaa.com

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

BUSINESS INFORMATION

TYPE (LLC, SOLE PROPRIETORSHIP, ECT.):_____
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:_____
FLOORPLAN CO.:_____ ACCOUNT #:_____

AUCTION REFERENCES

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

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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, assignment 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 indemnity 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 expenses 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	Signature of Owner/Officer

Sworn to and subscrbed 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 PROBLEM 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 email address, the above named 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 email.

SIGNATURE:_____
PRINTED NAME:_____
TITLE:_____
DATE:_____

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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:_____
ACCOUNT #:_____
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 action 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

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ADDITIONAL INFORMATION NEEDED BY OWNER

Name:_____
Home Phone:_____
Cell Phone:_____
Address:_____
_____
Social Security #:_____
Driver's License#:_____
Email 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.

Charlotte A. Pyle Margaret L. Wills Tawnya Facemyre Coria Parsons Jeannie Adams

Rebecca Turner Sydney Casto Alison Gawthrop Jennifer Bailey

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)

Witness my hand and seal
affixed this _____ day of
_____, 20_____.

_____
(Signature)

_____
(Notary Public Signature)

My commission expires _____

Form **W-9**

(Rev. December 2014)
Department of the Treasury
Internal Revenue Service

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.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregard entity name, if different from above

3 Check appropriate box for federal tax classification; check only **one** of the following seven boxes:

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) >

Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.

☐ Other (see instructions) >

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any)

Exemption from FATCA reporting code (if any)

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)

Requester's name and address (optional)

6 City, state, and ZIP code

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see 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.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number

☐☐☐ - ☐☐ - ☐☐☐☐

or

Employer identification number

☐☐ - ☐☐☐☐☐☐☐

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. citizen or other U.S. person (defined below); and

4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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 3.

Sign Here **Signature of U.S. person >** **Date >**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return. Examples of information returns include, but are not limited to, the following:

* Form 1099-INT (interest earned or paid)
* Form 1099-DIV (dividends, including those from stocks or mutual funds)
* Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
* Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
* Form 1099-S (proceeds from real estate transactions)
* Form 1099-K (merchant card and third party network transactions)
* Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
* Form 1099-C (cancelled debt)
* Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

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. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share effectively connected incoming, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See What is FATCA reporting? on page 2 for further information.