



1245 Trapp Road, Eagan, MN 55121
 800.INSTALL (467.8255) 651.688.6833
 fax 800.352.4616 651.289.3308

Credit Application

CA
SLS#

BILL TO

Business Name _____
 Street or P.O. Box _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____

SHIP TO *(if different)*

Business Name _____
 Street _____
 City _____ State _____ Zip _____

If subsidiary- Legal Name, Address and Phone of Parent Company

TYPE OF BUSINESS

Business Telephone Commercial Integrator E-Retailer Incentive/Premium Nationwide Member Residential Integrator Retailer/Radio Shack/Rent To Own Other _____

OWNERS/OFFICERS *Please note: At least one person listed below must sign below.*

Name _____	Name _____	Name _____
Title _____	Title _____	Title _____
Owner? <input type="checkbox"/> Yes <input type="checkbox"/> No	Owner? <input type="checkbox"/> Yes <input type="checkbox"/> No	Owner? <input type="checkbox"/> Yes <input type="checkbox"/> No
Authorized to sign legal documents by corporate resolution? <input type="checkbox"/> Yes <input type="checkbox"/> No	Authorized to sign legal documents by corporate resolution? <input type="checkbox"/> Yes <input type="checkbox"/> No	Authorized to sign legal documents by corporate resolution? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have Owners/Officers previously done business with Capitol Sales Inc? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, under what name? _____		

BUSINESS STRUCTURE AND TAX INFORMATION

C-Corp S-Corp LLC LLP Partnership Sole Proprietorship

Federal ID Number _____ State of Incorporation _____ In business since/ Date of Incorporation _____

State Resale Number *(You must provide your state's specific resale and tax use exemption certificate. (MN, GA, WI businesses will not be setup without the proper form).* _____

ACCOUNTING/BILLING CONTACT

Name _____ email address _____ Phone _____ Fax _____

All invoices and statements will be sent to the above email

TRADE REFERENCES *(Required for net term applications)*

Company Name _____	Company Name _____	Company Name _____
Address _____	Address _____	Address _____
Phone _____ Fax # _____	Phone _____ Fax # _____	Phone _____ Fax # _____
Account # _____	Account # _____	Account # _____

(check one or both): Net 30 days terms from the date of invoice Check By Phone
 Credit Line Requested: Amount _____

Print Name _____	Print Name _____	Print Name _____
Signature _____	Signature _____	Signature _____
Title _____	Title _____	Title _____

I hereby acknowledge that I have read and understood the terms and conditions as provided in Capitol Sales Dealer Satisfaction policy and I agree to all of the terms.

Pro#

Account#