



1245 Trapp Road, Ste. 130
 Eagan, MN 55121
 Phone: 800-467-8255 or 651-688-6833
 Fax: 800-352-4616 or 651-289-3308

For Internal Use: SLS# _____ CA _____

Credit Application

BILL TO			SHIP TO (if different)		
Business Name:			Business Name:		
Street or P.O. Box:			Street or P.O. Box:		
City:	State:	Zip:	City:	State:	Zip:
Phone:			Fax:		
If Subsidiary – Legal Name, Address and Phone of Parent Company:					
Type of Business (check all that apply): <input type="checkbox"/> Business Telephone <input type="checkbox"/> Commercial Integrator <input type="checkbox"/> E-Retailer <input type="checkbox"/> Incentive/Premium <input type="checkbox"/> Nationwide Member <input type="checkbox"/> Residential Integrator <input type="checkbox"/> Retailer/Radio Shack/Rent-to-Own <input type="checkbox"/> Other: _____					
OWNERS/OFFICERS – Please note: At least one person listed below must sign.					
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? <input type="checkbox"/> Yes, under name _____ <input type="checkbox"/> No					
BUSINESS STRUCTURE AND TAX INFORMATION					
<input type="checkbox"/> C-Corp <input type="checkbox"/> S-Crop <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship					
Federal ID #:			Resale Tax ID: Customers in GA, IA, IL, KS, KY, MN, MO, NE, ND, SD, WI, and WY must provide their Exempt Certificate to avoid paying sales tax.		
State of Incorporation:		In Business Since/Date of Incorp.:			
ACCOUNTING/BILLING CONTACT					
Name:		Invoice Email Address:		Phone:	Fax:
TRADE REFERENCES – Required for net term applications. Must provide 3 (no utilities).					
Company Name:		Company Name:		Company Name:	
Address:		Address:		Address:	
Phone:	Fax:	Phone:	Fax:	Phone:	Fax:
Account #:		Account #:		Account #:	
Check one or both: <input type="checkbox"/> Net 30 days terms from the date of invoice. <input type="checkbox"/> Check By Phone Credit Line Requested \$ _____					
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.