



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 Card Authorization

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:		Resale Tax ID: <i>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.</i>	
Corporation Federal ID #:					
Purchasing Email Address:			Accounts Payable Email Address:		
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"/> Nationwide Member		<input type="checkbox"/> Residential Integrator		<input type="checkbox"/> Incentive/Premium	
<input type="checkbox"/> Other: _____		<input type="checkbox"/> Retailer/Radio Shack/Rent-to-Own			
PRINCIPAL OWNER(S)					
Name:		Signature:		Title:	
Name:		Signature:		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.

Upon review, we will call you for the credit card number.