



sales. service. solutions.®

Floor Plan Customer Set Up

Bill to:

Ship to (if different)

Business Name

Business Name

Street or PO Box

Street Address

City, State, Zip

City, State, Zip

Phone

Fax

Purchasing Email Address

Your Floor Plan/Financing Company Name

Floor Plan Account #

Resale Certificate #

Type of Business (Check all that apply)

___ Business Telephone ___ Commercial Integrator ___ E-Retailer ___ Incentive/Premium

___ Nationwide Member ___ Residential Integrator ___ Retailer/Radio Shack/Rent to Own

___ Other: _____

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.

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