



Credit Application Credit Card Account

Parts Distributors of America
14500 Beach Boulevard
Jacksonville, FL 32250-2302
Phone: 800.208.5530
Fax: 904.212.0354
cs@partsdist.com

BUSINESS CONTACT INFORMATION

Contact Name:		Title:	
Company Name:			
Phone:	Fax:	E-mail:	
Physical Address:			
City:	State:	Zip Code:	
Mailing Address:(If Different)			
City:	State:	Zip Code:	
Shipping Address:(If Different)			
City:	State:	Zip Code:	
Type of Business:		Date Business Commenced:	
<input type="checkbox"/> Sole Proprietorship:	<input type="checkbox"/> Partnership:	<input type="checkbox"/> Corporation:	<input type="checkbox"/> Other:
Purchasing Agent:		Email Address:	
Payables Contact:		Email Address:	
Sales Tax Exemption No:		<i>(Please attach a copy of the Certificate)</i>	

BUSINESS/TRADE REFERENCES

Company Name:			
Address:			
City:	State:	Zip Code:	
Phone:	Fax:	E-mail:	
Type of Account:		Account No:	
Company Name:			
Address:			
City:	State:	Zip Code:	
Phone:	Fax:	E-mail:	
Type of Account:		Account No:	

CREDIT CARD INFORMATION

Account No:	Expiration:	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard
Security Code:	Cardholder Name:		
Card Billing Address:			

CREDIT CARD CHARGE AUTHORIZATION

SHOULD THIS APPLICATION BE APPROVED, YOU AGREE TO PAY FOR ALL GOODS PURCHASED AND AUTHORIZE PARTS DISTRIBUTORS OF AMERICA, LLC (DBA FAST PARTS) TO CHARGE THE ABOVE LISTED CREDIT CARD FOR ALL GOODS PURCHASED ON EACH INVOICE. CHARGES WILL APPEAR ON YOUR MONTHLY CREDIT CARD STATEMENT. YOU UNDERSTAND THAT IF THERE ARE ANY APPLICABLE BANK CHARGES FOR THESE PAYMENTS, YOU WILL BE RESPONSIBLE FOR THE PAYMENT OF SUCH CHARGES AND THAT ANY SERVICE FEES OR BANK CHARGES SHALL NOT BE DEDUCTED FROM PAYMENTS DUE TO PARTS DISTRIBUTORS OF AMERICA. IF ANY PAYMENT IS DECLINED YOU AUTHORIZE PARTS DISTRIBUTORS OF AMERICA TO MAKE ANY NECESSARY CORRECTIONS TO THE SUBMITTED INFORMATION AND RESUBMIT THE CHARGE. THIS AUTHORIZATION DOES NOT RELIEVE YOU OF ANY OBLIGATION TO PAY PARTS DISTRIBUTORS OF AMERICA FOR SERVICE/PRODUCTS RENDERED IF ANY CHARGE SUBMITTED BY PARTS DISTRIBUTORS OF AMERICA IS DISHONORED, CHARGEDBACK OR OTHERWISE REFUSED FOR ANY REASON. ANY SUCH EVENT WILL BE TREATED AS A RETURNED CHECK AND WILL BE ACCESSED A PROCESSING CHARGE OF \$25.00 PER OCCURANCE. I AGREE NOT TO DISPUTE PARTS DISTRIBUTORS OF AMERICA BILLING WITH MY CREDIT CARD ISSUER AS LONG AS THE AMOUNT IN QUESTION WAS FOR SERVICES/PRODUCTS RENDERED PRIOR TO THE CANCELLATION OF THE ACCOUNT. MY RIGHT TO USE THIS SERVICE IS SUBJECT TO ANY LIMITS ESTABLISHED BY MY CREDIT CARD ISSUER. IT IS MY RESPONSIBILITY TO UPDATE THE CREDIT CARD INFORMATION THAT IS USED TO PAY FOR THIS SERVICE. I UNDERSTAND THAT I MAY NOTIFY PARTS DISTRIBUTORS OF AMERICA AT ANY TIME BY WRITTEN REQUEST TO TERMINATE THIS AUTHORIZATION.

SIGNATURES

Owner/Officer: Date:	Cardholder Signature: Date:
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