



CREDIT CARD PAYMENT FORM (USA): ABPARTSLINK

COMPANY NAME _____

CONTACT PERSON _____

ADDRESS _____ STATE (PROV) _____ ZIP _____

PHONE: _____ FAX: _____ E-MAIL: _____

MEMBER OF ABPA YES NO

MEMBER ID NUMBER (DO NOT FILL IN; TO BE SUPPLIED BY ASSOCIATION)

USER NAME: (CUSTOMER'S PRIMARY E-MAIL) _____

PASSWORD (CUSTOMER WILL SUPPLY; 6-12 DIGITS) _____

SELECT PRICING SCHEDULE, AS APPLICABLE

MEMBER: ONE LOCATION ONLY \$250.00 PER MONTH

NON-MEMBER: ONE LOCATION ONLY; \$325.00 PER MONTH

MULTIPLE LOCATIONS \$325.00 PER MONTH

NON-MEMBER: MULTIPLE LOCATIONS; \$400.00 PER MONTH

INFORMATION PROVIDER: \$475.00 PER MONTH, SUBJECT TO ADJUSTMENT BY CONTRACT

Major Credit Card

VISA MC AMEXCO DISCOVER

No. _____

Expiration Date: _____

Card in name of: _____

I hereby Authorize ABPA to debit my credit card on a re-curring monthly basis for the amount of \$ _____ as regular payment for the ABPartslink system and to exact such charges until otherwise notified.

Signature _____

PLEASE ALLOW A 24-72 HOUR TIME PERIOD FOR THE PROCESSING OF THIS FORM AND FOR THE FAXING OF AN ABPARTSLINK SERVICES AGREEMENT TO THE APPLICANT COMPANY

REGISTRATION-SYSTEMATIC ELECTRONIC TRANSFER OF FUNDS (USA)

SUBSCRIBER INFORMATION

Date _____

Company name _____ Tax ID Number or Social Security No. _____

Address _____ State (Province) _____ Zipcode _____

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Telephone _____ Fax _____ e-mail _____

Print Name/Title of Authorized Contact _____ Signature _____

SUBSCRIBER PRICING SCHEDULE

- MEMBER: ONE LOCATION ONLY \$250.00 PER MONTH
- MEMBER: MULTIPLE LOCATIONS \$325.00 PER MONTH
- NON-MEMBER: ONE LOCATION, \$325.00 PER MONTH;
- MULTIPLE LOCATIONS, \$400.00 PER MONTH
- OTHER: RATE: \$_____ PER MONTH

Monthly Dollar Amount: fill in, based on pricing schedule above: \$ _____

Months for systematic withdrawal: **ALL** Day on which Debit Entry Takes Place: @20th of each month

CUSTOMER DESIGNATES USER NAME: _____ PASS NUMBER (SUPPLY 3-7 DIGITS) _____

This bank account information will be used for monthly ABPArstlink subscription fee payment:

I (we) authorize the Automotive Body Parts Association (ABPA) to systematically debit our company bank account as our method of payment for subscription to the ABPArstlink program, per following instructions, and based on our Subscription qualification to the Depository (named below) and for the Depository to credit such account:

For Deposit to ABPA: Bank of America, N.A., Routing #113000023, To Account: 005771120447

SUBSCRIBER BANK INFORMATION

PLEASE ATTACH A VOIDED CHECK

(In the event of no check, please fill in the information below)

STAPLE CHECK HERE

Bank Name _____ Branch _____

Account # _____ Routing # _____
(@9 numbers found on check printed beside regular account number)

I certify that the tax identification number shown on this form is the correct company tax identification number, or social security number. I understand that this systematic electronic transfer of funds may be discontinued by me or by ABPA at any time. I am of legal age and capacity and have received and read the ABPArstlink Agreement and agree to its terms.

Signature of Company official _____



CREDIT CARD PAYMENT FORM (CANADA): ABPARTSLINK

COMPANY NAME _____

CONTACT PERSON _____

ADDRESS _____ STATE (PROV) _____ ZIP _____

PHONE: _____ FAX: _____ E-MAIL: _____

MEMBER OF ABPA YES NO

MEMBER ID NUMBER (DO NOT FILL IN; TO BE SUPPLIED BY ASSOCIATION)

USER NAME: (CUSTOMER'S PRIMARY E-MAIL) _____

PASSWORD (CUSTOMER WILL SUPPLY; 6-12 DIGITS) _____

SELECT PRICING SCHEDULE, AS APPLICABLE

- CANADIAN MEMBER: ONE LOCATION ONLY \$160.00 PER MONTH
- CANADIAN MEMBER: MULTIPLE LOCATIONS \$200.00 PER MONTH
- NON-MEMBER: ONE LOCATION, \$200.00 PER MONTH
- MULTIPLE LOCATIONS: \$250.00 PER MONTH
- INFORMATION PROVIDER: @\$400 PER MONTH, SUBJECT TO ADJUSTMENT BY CONTRACT

METHOD OF PAYMENT

Major Credit Card

VISA MC AMEXCO DISCOVER

No. _____

Expiration Date: _____

Card in name of: _____

I hereby Authorize ABPA to debit my credit card on a recurring monthly basis for the amount of \$ _____ as regular payment for the ABPArtslink system and to exact such charges until otherwise notified.

Signature _____

PLEASE ALLOW A 24-72 HOUR TIME PERIOD FOR THE PROCESSING OF THIS FORM AND FOR THE FAXING OF AN ABPARTSLINK SERVICES AGREEMENT TO THE APPLICANT COMPANY

REGISTRATION-SYSTEMATIC ELECTRONIC TRANSFER OF FUNDS (CANADA)

SUBSCRIBER INFORMATION

Date _____

Company name _____ Tax ID Number or Social Security No. _____

Address _____ State (Province) _____ Zipcode _____

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Telephone _____ Fax _____ e-mail _____

Print Name/Title of Authorized Contact _____ Signature _____

SUBSCRIBER PRICING SCHEDULE

CANADIAN MEMBER: ONE LOCATION ONLY \$160.00 PER MONTH

CANADIAN MEMBER: MULTIPLE LOCATIONS \$200.00 PER MONTH

NON-MEMBER: ONE LOCATION, \$200.00 PER MONTH

MULTIPLE LOCATIONS \$250.00 PER MONTH

INFORMATION PROVIDER: \$400 PER MONTH, SUBJECT TO ADJUSTMENT BY CONTRACT

Monthly Dollar Amount: fill in, based on pricing schedule above: \$ _____

Months for systematic withdrawal: **ALL** Day on which Debit Entry Takes Place: @20th of each month

CUSTOMER DESIGNATES USER NAME: _____ PASS NUMBER (SUPPLY 3-7 DIGITS) _____

This bank account information will be used for monthly ABPAstlink subscription fee payment:

I (we) authorize the Automotive Body Parts Association (ABPA) to systematically debit our company bank account as our method of payment for subscription to the ABPAstlink program, per following instructions, and based on our Subscription qualification to the Depository (named below) and for the Depository to credit such account:

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Bank Name _____ Branch _____

Account # _____ Routing # _____
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I certify that the tax identification number shown on this form is the correct company tax identification number, or social security number. I understand that this systematic electronic transfer of funds may be discontinued by me or by ABPA at any time. I am of legal age and capacity and have received and read the ABPAstlink Agreement and agree to its terms.

Signature of Company official _____