



Membership Application

-Please Print or Type-

COMPANY INFORMATION

Company Name _____

Owner Name #1 _____ Owner Name #2 _____

Street Address _____

City _____ State _____ Zip _____

Phone # 1 _____ Phone #2 _____

Toll Free # _____ Fax # _____

Website _____ Email _____

Fed Tax ID # _____ Date Business Started _____

Specialize In _____ # Employees _____

Directions to Business from Major Highway: _____

LICENSES HELD (PLEASE CHECK ALL THAT APPLY)

Highway Beautification PA Salvor WL Tag RT (Repair towing tag) Used Car Dealer

As a PARTS member, I will abide by the By-laws and Code of Ethics of the Pennsylvania Automotive Recycling Trade Society and support its objectives. I attest that no one listed above has ever been convicted of any felony (murder, rape, arson, robbery, etc.) or found in violation of laws arising from fraudulent acts in connection with dealing in motor vehicle or motor vehicle or motor vehicle parts.

Signature _____ Date _____

METHOD OF PAYMENT

PARTS Annual Dues are \$510 and can be paid by check or credit card.

Check (*Made payable to "PARTS"*)

Visa Master Card Discover American Express

Credit Card # _____

3-digit Security Code (on back of card) _____ Expiration Date _____

Name on Card _____ Zip Code _____

Signature of Cardholder _____

For Credit Card Payments

1. Keep a copy of this form as your receipt.
2. Charge appear as "PARTS" on your credit card statement.

When paying by check, return your application to: PARTS, P.O. Box 1071, Mechanicsburg, PA 17055.

If paying by credit card, you can fax your application to 1-888-816-5921.