



NEW ACCOUNT REGISTRATION FORM

Once completed, please fax back to: 626-350-3924

PACIFIC AUTO COMPANY

Name of Business:

Address:

City:

Zip Code:

Cross Street:

Valid Resale#:

If No Resale (check):

I opt to pay tax

Type of Business (check):

Main Contact Name:

- Auto Parts Store/Retail
- Auto Parts Distributor
- Auto Body Shop
- Auto Restoration
- Repair Shop
- Dealership
- Wrecking Yard/Junk Yard
- Other: _____

Main Phone Number:

Secondary Contact Name:

Secondary Phone Number:

***Email (optional):**

How Did You Hear About Us?

Fax (optional):

- Drove by
- Craigslist
- Referral by Friend
- Referral by Employee
- Referral by Body Shop/
- Online/Search Engine
- Flier/Marketing
- Sales Representative _____
- Other: _____

Preferred Shipping:

WILL CALL DELIVERY

FOR OFFICE USE ONLY

Branch:

Account#:

*By providing us with your email address, you are subscribing to Pacific Auto Company's email communication including Company Updates, New Product Announcements and other Special Promotions.

*Thanks for setting up an account with PAC!
We will call you back to confirm your account number 😊*