

# Customer Inquiry

Please complete the information below and return to: [customers@acipartsplus.com](mailto:customers@acipartsplus.com) or fax to (800) 884-8679

Shop Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

St. \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Owners Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

St. \_\_\_\_\_ Zip: \_\_\_\_\_ Owners Cell Phone: \_\_\_\_\_

Number of Bays: \_\_\_\_\_ Number of Technicians: \_\_\_\_\_

Estimated Monthly Purchases:\$ \_\_\_\_\_ Years in Business: \_\_\_\_\_

Best Number to contact: \_\_\_\_\_ Best Time to Contact: \_\_\_\_\_

Account opening decisions are subject to ACI Parts Warehousing review and discretion. Please allow 3-5 business days for review, after which you will then be contacted by a local representative.

