



Please fill out, sign, and fax this form to:
310.657.3234

This is an agreement to join the **UPARTS Insurance Network** and allow **UPARTS** to present your recycled parts to its network of repair facilities and insurance companies. Your parts data will be utilized by our computers to create parts-Bundles for our insurance and collision clients only.

1. COMPANY INFORMATION:

_____		_____	
Company Name		CPU# or Yard Abbrev.	
_____		_____	
Address	City	State	Zip

2. CONTACT NAME:

_____	_____	_____	_____
Primary Contact	Phone Number	Fax	E-mail Address

3. COMMUNICATION METHODS:

UPARTS will contact your facility using any combination of the following methods:
Item A is required. Please select at least two items, and provide their corresponding information:

- A. uConnect (Required):** uParts automatic communications system will call up to three phone numbers on your sales lines to connect you to our repair shops:
- I. First 10 digit phone number:** _____
- II. Second 10 digit phone number:** _____
- III. Third 10 digit phone number:** _____
- B. uFax:** 10 digit Fax number for orders: _____
- C. uMail:** E-mail address for orders: _____

NOTE: The phone and fax numbers must be 10 digits without any extensions.

4. I WILL BE RESPONSIBLE FOR:

- Updating my parts pricing to EDEN® every day.
- Providing a minimum of 30 days warranty (preferred 90 days) on every part.
- Shipping and/or delivery of the parts within 48 hours of receipt of the order.

5. AUTHORIZATION:

I hereby authorize uParts to obtain my parts data from ADP's EDEN® database or other available sources, and to send me orders from the uParts network of insurance carriers and repair facilities using my:

- WHOLESALE PRICE (recommended)**
- RETAIL PRICE**

_____	_____
Print Name	Title
_____	_____
Signature	Date

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