



TITLE, REGISTRATION & VIN VERIFICATION SERVICE  
9067 ADAMS AVE HUNTINGTON BEACH, CA. 92646  
PH# (714) 965-7500 FAX# (714)965-7587  
LICENSED AND BONDED RS# 83849  
WWW.QUICK-PLATES.COM

## CLIENT INFORMATION FORM

Date: \_\_\_\_\_

### GENERAL INFORMATION

Business Legal Name: \_\_\_\_\_ Dealer#: \_\_\_\_\_

Business Owner's Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing/Billing Address (if different from above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Company Web Page: \_\_\_\_\_

Business Contact: First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Title/Position: \_\_\_\_\_ E-mail: \_\_\_\_\_

Billing Contact: First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Title/Position: \_\_\_\_\_ E-mail: \_\_\_\_\_

Credit Card (visa \_\_\_/master card \_\_\_) #: \_\_\_\_\_

Expiration Date (00/00/0000): \_\_\_\_\_ Code (3 digit): \_\_\_\_\_ + 2.5% convenience fee

Overnight Service & Account #: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Signature & Printed Name \_\_\_\_\_

**\*\*\* Please Provide Copy of Dealer License & Completed POA to Quick Plates\*\*\***