

America's Independent Truckers' Association, Inc.

AITA

www.AITAonline.com

"Serving America's Truckers"



Enrollment Form

Enrollment Form

Location # (phone number w/o "1" or dashes)

Company Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Business Phone: (____) - ____ - _____ Business Fax: (____) - ____ - _____ NAPA Account # _____

Contact Person: Signature: _____ Title: _____

Print Name: _____ Email Address: _____

The above listed business requests to be enrolled as an AITA Fleet Affiliate, which entitles them to all negotiated pricing, rebates and promotional benefits available from/through AITA at participating locations, as set forth in the terms and conditions specified at www.AITAonline.com. Visit our website at www.AITAonline.com for complete details.

The business will never pay an AITA Fleet Affiliate fee out of pocket.

Any fees will be withheld from rebates earned as an AITA Fleet Affiliate.

Please complete the following if you are currently purchasing parts/supplies from NAPA:

NAPA Store Name: _____ NAPA Store Number: _____

NAPA Store Address: _____ Servicing DC: _____

City: _____ State: _____ Zip Code: _____ Phone: (____) - ____ - _____

I have read and understand the conditions of membership listed above and agree to the terms stated.

NAPA Store Manager Signature Date

Please route this form to AITA through the servicing NAPA store, the NAPA DC Major Accounts Manager and then to AITA to complete and activate enrollment.

NAPA Store Procedures:

Tams Entries: Profile Pricing 9061 Set: _____ Category Set to 24: _____ (National Account Super Fleet)

Flags Turned On: _____ MI/ Fleet Rebate Form Submitted to DC: _____

NAPA Major Account Rep:

Register in STA as MA: _____ Register with DC (DC Name) _____ Forward Form to AITA: _____

NAPA Wholesale Manager Date

AITA/NAPA EF: Rev 04/10

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