

# America's Independent Truckers' Association, Inc.

# AITA

[www.AITAonline.com](http://www.AITAonline.com)

"Serving America's Truckers"



## Enrollment Form

## Enrollment Form

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

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Company Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

Business Phone: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_ Business Fax: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_ NAPA Account # \_\_\_\_\_

Contact Person: Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Print Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

**AITA CO-OP Program:** We would like to also enroll in the Cooperative program. Please send us \_\_\_\_\_ cards for our away purchases\*. \* Purchases made with CO-OP cards will not count towards Legacy program minimum requirements.

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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](http://www.AITAonline.com). Visit our website at [www.AITAonline.com](http://www.AITAonline.com) for complete details.

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

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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: \_\_\_\_\_

D  
C

\_\_\_\_\_  
NAPA Wholesale Manager Date

AITA/NAPA EF: Rev 11/11

Post Office Box 1250

Clinton, MS 39060

(601) 924-9606

Email: [Enrollments@AITAonline.com](mailto:Enrollments@AITAonline.com)

fax: 866-954-5127

# Routing Instructions

## **Fleet/ Customer:**

Complete the Customer Section of form (see reverse side of this form)  
Send completed form to your servicing NAPA Auto Parts Store.

## **The servicing NAPA Store:**

Complete the NAPA Store section;  
Make computer updates as outlined on enrollment form;  
Notify the DC Major Account Manager that you have a Nation  
Account enrollee.

## **The Major Account Manager:**

Enter the account as an AITA/NAPA National Account;  
Verify TAMS entry and changes at the store level;  
Insure the Fleet and MI rebate filings are made at the DC;  
Send the completed registration form to AITA:

via fax: (866) 954-5127 (Toll-Free)

email: [enrollments@aitaonline.com](mailto:enrollments@aitaonline.com).