



## PROGRAM ENROLLMENT FORM

Thank you for your interest in participating in the NAPA / K&M Tire Program for Mr. Tire & Big 3 Tire Dealers. Please review and provide the information needed to process the request below.

### Dealer Information

K&M Account # \_\_\_\_\_  
Business Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_  
Contact Name: \_\_\_\_\_

### Serving NAPA AUTO PARTS Store Information

Is this Dealer currently buying from a NAPA store? ( ) Yes ( ) No

If yes; NAPA Store Location and/or phone # \_\_\_\_\_

Dealer's NAPA Acct # \_\_\_\_\_

NAPA Store contact name: \_\_\_\_\_

### NAPA Program Information

Is the Dealer currently participating in a NAPA Major Account Program? ( ) Yes ( ) No

If "Yes", please list program affiliation \_\_\_\_\_

Is the Shop a NAPA AutoCare Dealer? ( ) Yes ( ) No

- If yes; please list their AutoCare Membership #: \_\_\_\_\_
  - Are they currently receiving AutoCare co-op / rebate? ( ) Yes ( ) No
- Does this Dealer wish NAPA to change them over to begin receiving the rebate benefits available from this Major Account program? ( ) Yes ( ) No

### NAPA Program Rules / Guidelines

- All approved program enrollments are effective as of the first day of the next calendar quarter.
- Shop may only participate in one (1) NAPA Major Account program at a time (excluding NAPA AutoCare Dealers).

### How to Submit Completed Enrollment Form

Scan and email the completed form to the NAPA Major Accounts Program Manager

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