

# NAVISTAR ALL-MAKES PARTS PROGRAM

## PARTICIPATION REQUEST FORM

To register for the program, complete this form and return it to CFS, or fill it out online at [consolidatedfleetsolutions.com](http://consolidatedfleetsolutions.com).

Business Name \_\_\_\_\_

Street Address \_\_\_\_\_  
Street City State Zip

Same as Street Address

Mailing Address \_\_\_\_\_  
Street City State Zip

Business Phone \_\_\_\_\_ Business Fax \_\_\_\_\_

Contact Name \_\_\_\_\_ Email \_\_\_\_\_

Total Number of Power Units \_\_\_\_\_ Approximate Monthly Parts Spend \_\_\_\_\_

I'd like more information about the EBS program

## HAVE YOU PURCHASED OR ARE YOU ABOUT TO PURCHASE AN INTERNATIONAL TRUCK VIA THE CFS PROGRAM?

Enter the last eight (8) characters of your VIN number to get your \$200 CFS Fleet Charge credit. | | | | | | | |

### ONCE YOUR FORM IS COMPLETED, YOU CAN MAIL IT IN, FAX IT IN, OR EMAIL IT TO:

**Email:** [navparts@consolidatedfleetsolutions.com](mailto:navparts@consolidatedfleetsolutions.com)

**Fax:** (877) 844-5447

**Mail:** Navistar Parts Rebates, PO Box 5287, Oak Brook, IL 60522-5287

**A NAVISTAR REP WILL CONTACT YOU TO CUSTOMIZE YOUR PROGRAM.**

**NAVISTAR**<sup>®</sup>