



<b>For Office Use Only:</b>
MEM#: _____
MSR: _____
Promo: _____
Date Received: _____

## STA Enrollment Form

### Completed by customer:

Customer Name: \_\_\_\_\_

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

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

Customer Phone: \_\_\_\_\_ Customer Fax: \_\_\_\_\_

Manager Name: \_\_\_\_\_ Parts Mgr. Name: \_\_\_\_\_

Manager Phone: \_\_\_\_\_ Parts Mgr. Phone: \_\_\_\_\_

Manager Email: \_\_\_\_\_ Parts Mgr. Email: \_\_\_\_\_

### Please complete the following section if you are currently purchasing parts and/or supplies from NAPA:

NAPA Store #: \_\_\_\_\_ NAPA Account #: \_\_\_\_\_

NAPA Store Name and #: \_\_\_\_\_

NAPA Store Address: \_\_\_\_\_  
Street City State Zip

### Completed by NAPA representative and sent to DC Wholesale Manager:

NAPA Location Number: \_\_\_\_\_

NAPA Sales Rep Name: \_\_\_\_\_ Sales Rep Phone: \_\_\_\_\_

To begin receiving your CB Fleet benefits, simply return this completed enrollment form to your local NAPA Sales Representative.

One enrollment form is required for each customer location.