



Registration Form

Name of Major Account program Canadian Golf Superintendents Association

Member # _____ START DATE (yyyy/mm/dd) _____

(Please print)

Price profile number: _____

Owner's Name(s) _____ Signature _____

OPERATING Name _____

LEGAL Name _____

Address _____

City _____ Prov. _____ Postal Code _____

Phone number _____ Fax number _____

E-mail _____ Web Site _____

NUMBER OF BAYS _____ NUMBER OF TECHS _____

Is this new business to NAPA? Yes _____ No _____

- If yes, who is current supplier _____
- If yes, what is the potential \$ _____
- If no, please answer the following:

Current volume \$ _____

Potential volume \$ _____

Why is a rebate required? _____

Please attach a picture of the business with the registration form

Date _____ Customer account number _____

NAPA store name _____ Store number _____

Store Signature _____

Major Account Coordinator signature _____

All registrations are subject to approval by Head Office

RETURN TO Regional Major Accounts coordinator
at servicing DC.

