

GOLFMAX



OFFICIAL SUPPLIER



NAPA MAJOR ACCOUNT REGISTRATION FORM

Member number:

Owner/Superintendent Name(s):

Operating name:

Legal name:

Address:

City:

Province:

Postal code:

Phone number:

Fax number:

Website:

e-mail address:

Get the NAPA Exclusive offers by email:

Yes!

Not interested

Number of techs:

Number of bays:

Specialty:

Sales potential

Current supplier(s):



Starting date (YYYY/MM/DD)