



Registration Form

Name of Major Account program : Canadian Golf Superintendents Association

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

(Please print)

Owner/Superintendent 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: _____

Sales potential : _____ Specialty: _____ Current supplier : _____

Comments: _____

Date : _____ Customer account number : _____

NAPA store name: _____ Store number: _____

Signature & Title : _____

Attach photo of business

All registrations are subject to approval by Head Office

RETURN TO Neil Baker
nbaker@uapinc.com

