



# 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.

