



For Office Use Only:
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.