

America's Independent Truckers' Association, Inc.



**Legacy
Enrollment Form**

AITA

www.AITAonline.com
"Serving America's Truckers"



**Legacy
Enrollment Form**

Location #
(Company's 10-digit phone number w/o "1" or dashes)

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Company Name: _____ Date: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Email Address: _____

Business Phone: (____) - ____ - _____ Business Fax: (____) - ____ - _____ NAPA Account # _____

Contact Person: Signature: _____ ProLink ID# _____

Print Name: _____ Title: _____

AITA CO-OP Program: If you would like to also enroll in the Cooperative program, you may have immediate access to your CO-OP card by downloading the AITA APP in the Apple APP store or Google Play store and registering. Purchases made with CO-OP cards will not count towards Legacy program minimum requirements. If you have any questions, please call AITA customer support at 1-844-GO2-AITA.

The above listed business requests to be enrolled as an AITA Fleet Affiliate, which entitles them to all negotiated pricing, rebates and promotional benefits available from/through AITA at participating locations, as set forth in the terms and conditions specified at www.AITAonline.com. Visit our website at www.AITAonline.com for complete details.

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Please complete the following if you are currently purchasing parts/supplies from NAPA:

NAPA Store Name: _____ NAPA Store Number: _____

NAPA Store Address: _____ Servicing DC: _____

City: _____ State: _____ Zip Code: _____ Phone: (____) - ____ - _____

I have read and understand the conditions of membership listed above and agree to the terms stated.

NAPA Store Manager Signature _____ Date

NAPA Store Procedures:

Tams Entries: Profile Pricing 9062 Set: _____ Category Set to 18 or 24 based on Filter Level: _____

Flags Turned On: _____ MI/ Fleet Rebate Form Submitted to DC: _____

D
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NAPA DC Designate :

Register in STA as MA: _____ Register with DC (DC Name) _____ Forward Form to AITA: _____

NAPA DC Designate: _____ Date

AITA/NAPA EF: Rev 08/18

Please route this form to AITA through the servicing NAPA store, the NAPA DC Designate and then to AITA to complete and activate enrollment.

Post Office Box 1250 Clinton, MS 39060 1-844-GO2-AITA
Email: Enrollments@AITAonline.com fax: 866-954-5127

Routing Instructions

Fleet/ Customer:

- Complete the Customer Section of form (see reverse side of this form)
- Send completed form to your servicing NAPA Auto Parts Store.

Servicing NAPA Store:

- Complete the NAPA Store section
- Make computer updates as outlined on enrollment form
- Notify the DC Designate that you have a National Account enrollee.

AITA CO-OP Program: Have customer download AITA APP for immediate access to Co-op card.

NAPA DC Designate:

- Enter the account as an AITA/NAPA National Account
- Verify TAMS entry and changes at the store level
- Insure the Fleet and MI rebate filings are made at the DC
- Send the completed registration form to AITA:
 - via fax: (866) 954-5127 (Toll-Free)
 - email: enrollments@aitaonline.com.