



# 2018 Enrollment Form

For ASM Completion Only: Region/ Area # \_\_\_\_\_

IN# \_\_\_\_\_

New  Renewal

## Business Information

## Indicate NEW MEMBER or INCORRECT Information Only

(please print clearly)

Name of Business \_\_\_\_\_

Name of Owner \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

Street Address needed for kit delivery

PO BOX for mail delivery, if applicable

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

Telephone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Contact E-mail Address \_\_\_\_\_

## DEALER LOCATOR SERVICE: IMPORTANT! Be sure to review this section and carefully select the appropriate options.

I want to be listed in the Locator Service: (CHECK ALL THAT APPLY)

SERVICE PROFESSIONAL  AUTO PARTS STORE

Brakes    
Ride Control    
Exhaust

Store Hours: \_\_\_\_\_

Website URL: \_\_\_\_\_

## Monroe Brakes Promotion Materials

I want to receive the Monroe Brakes promotion materials

## Expert Plus Kit

Ship Kit  Do Not Ship Kit

Payment must be indicated below for enrollment to be processed

WD Acct# must be indicated here: WD Acct# \_\_\_\_\_

## Kit Type

Ride Control  Combined

## Alternate Shipping Address For Program

If you would like program materials to be sent to an alternate address, please check which mailings and provide alternate address below:

Expert Plus Kit\*  Expert Plus Communications  Consumer Promotions

C/O \_\_\_\_\_

Attn: \_\_\_\_\_  
First Last

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\* Kit cannot be shipped to a PO Box

## Method Of Payment

Enrollment Cost: **\$99.00** Discount Code: **NET201800**

Payment Type:  Check Check # \_\_\_\_\_  Money Order (make check/money order payable to: Expert Plus Program)

VISA/MasterCard Card Holder Name \_\_\_\_\_ Acct. # \_\_\_\_\_ Exp. Date \_\_\_\_\_  
(Mail-in only)

Bill WD  RC Acct.  EX Acct. WD Acct. # \_\_\_\_\_ WD P.O. # \_\_\_\_\_ CVV # \_\_\_\_\_  
WD Account Name \_\_\_\_\_

If completed, the following information will appear on your customer's invoice

WD Billing Reference:

Jobber Name \_\_\_\_\_ Jobber # \_\_\_\_\_

Jobber Address \_\_\_\_\_

Jobber City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

Billing Reference # \_\_\_\_\_

## Salesperson Information (please print all information clearly) Indicate updated information

WD Name \_\_\_\_\_ WD Acct # \_\_\_\_\_

Jobber Name \_\_\_\_\_ Jobber Acct # \_\_\_\_\_

Salesperson \_\_\_\_\_  
First Name Last Name

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ User Name \_\_\_\_\_  
UR \_\_\_\_\_

E-mail Address \_\_\_\_\_

Salesperson Signature \_\_\_\_\_ Tenneco Area Sales Manager Signature \_\_\_\_\_ Region/Area Number \_\_\_\_\_

Mail copy to: Expert Plus Headquarters, 600 Main Street, PO Box 906, Tonawanda, NY 14150. Phone: 1-855-786-8883

Retain copy for your records

TEN-0003-0817