



# North American Warranty



## SHOP INFORMATION

Owner/Mgr's Name:		Date:	
Business Name:		Address	
City:		State:	Zip
Telephone:		Fax:	
E-mail:		Website:	
Hours of Operation:		Mon-Fri	Sat Sun
# of Bays	Total number of Technicians	Number of ASE Certified Technicians	

### Please check each service offered in your shop:

- |  |   |
|--|---|
| <input type="checkbox"/> Air Conditioning/Heating/Climate Control      | <input type="checkbox"/> Fuel System                  |
| <input type="checkbox"/> Brake Systems                                 | <input type="checkbox"/> Ignition Systems             |
| <input type="checkbox"/> Engine Cooling Systems                        | <input type="checkbox"/> Electronic engine management |
| <input type="checkbox"/> Electrical System including starting/charging | <input type="checkbox"/> Cruise Controls              |
| <input type="checkbox"/> Engine Performance, drivability               | <input type="checkbox"/> Steering/suspension          |
| <input type="checkbox"/> Emission control and exhaust                  | <input type="checkbox"/> Towing Service               |

## SUPPLIER INFORMATION

Owner/Manager's Name:		e-mail:	
Business Name:		Street Address	
City:		State:	Zip
Telephone:		Fax:	

### PAYMENT OPTIONS: ( Mark one)

Check       Visa       MasterCard   
 (make checks payable to Automotive Distribution Network)

Card # \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Name \_\_\_\_\_  
(Name on Card)

Signature \_\_\_\_\_  
(Signature on Account)

Enroll my shop in the North American Warranty program at the cost of \$249 per year. I understand that the services performed on my customer's vehicle(s) will be protected for 12 months / 12,000 miles from the original repair date/mileage when the customer is more than 25 miles from my shop. My coverage will begin on the 1st of the following month when this form and payment are received at ASP Headquarters by the 25th of the month. For more information or if you have questions about the program, contact the Administrator toll-free at 1-877-252-4609.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

You will be sent a North American Warranty Procedure Manual, initial supply of Coverage Statements and POP Poster upon receipt of your enrollment form and payment. Coverage statements may be duplicated, downloaded off the ASP Web Site, or ordered from the MAP Warehouse (at cost).

Mail or Fax payment to ASP Headquarters  
 5050 Poplar Avenue, Suite 2020 Memphis, TN 38157  
 Fax: (901) 682-9098