

Expert Plus 2017 Enrollment Form

IN#

For ASM completion only: Region / Area # _____

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 - -

Fax - -

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: _____

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 # _____

Monroe Brakes Promotion Materials

I want to receive the Monroe Brakes promotion materials

Kit Type

Ride Control

Combined

Alternate Shipping Address for Program Materials

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: **\$119.00**

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 Ref. #

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 - -

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-0189-0916