



# ENROLLMENT FORM

\*Date: \_\_\_\_\_ Servicing Store: \_\_\_\_\_

\*Owner or Manager: \_\_\_\_\_

\*Business Name: \_\_\_\_\_

\*Registration No: \_\_\_\_\_ \*Account No: \_\_\_\_\_

\*Work Phone: \_\_\_\_\_

\*Street Address: \_\_\_\_\_

PO Box: \_\_\_\_\_

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

Fax Number: \_\_\_\_\_

\*E-Mail Address: \_\_\_\_\_

\*Authorized Signature: \_\_\_\_\_

\*Title: \_\_\_\_\_

\*Choose your coverage plan:

12 MONTH / 12,000 MILE     24 MONTH / 24,000 MILE     36 MONTH / 36,000 MILE

\*Sponsoring Federated Member/WD: \_\_\_\_\_ *\*Required information*

\*Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

\*E-mail Address: \_\_\_\_\_

**Please fax this completed form to Automotive Business Solutions, Inc. at (855) 765-5696.**

You will receive warranty coverage statements upon receipt of enrollment form and payment.  
Your coverage becomes effective the first day of the month following your enrollment.

**Automotive Business Solutions, Inc. 413 Summit Blvd, Unit 104, Broomfield, CO 80021 fax@warrantyclaimcenter.com**