

Extend Your Nationwide Warranty an Additional 12 Months/12,000 Miles!



WHAT ARE THE BENEFITS OF PARTICIPATING IN THE PROGRAM?

The NAPA Nationwide Warranty 12 Month/12,000 Mile Extender Program gives your shop the following benefits:

- You will be differentiated from your competitors because your work will be covered for a total of 36 months/36,000 miles.
- Your customers can have the highest confidence in the work you perform.
- Customers are directed back to your shop for an extended period of time.
- This extends the total coverage period to 36 months/36,000 miles, subject to the same Terms & Conditions of the NAPA AutoCare Nationwide Peace of Mind Warranty.
- This coverage does not apply to Local Labor Reimbursement.

WHAT WILL BE DIFFERENT ONCE I ENROLL IN THE PROGRAM?

The nationwide warranty program will work exactly like the current program you are already used to. The phone number, paperwork requirements, etc are the same. The only difference is that your customers can rest easy knowing you have them covered with the extended Peace of Mind Warranty when they are more than 25 miles away from your shop.

HOW MUCH DOES THE EXTENDED WARRANTY COST?

Individual NAPA AutoCare Centers can enroll for \$75.00 per year.

For more information, see the Enrollment Form and the complete Terms & Conditions for the Program.

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NAPA Nationwide Warranty 12 Month / 12,000 Mile Extender Dealer Enrollment Authorization

The Enrollment Authorization ("Authorization") is a contract between you and Sonsio Management, Inc., and applies to your use of the NAPA Nationwide Warranty 12 Month / 12,000 Mile Extender (hereinafter the "Program"). You must read, agree with, and accept all of the terms and conditions contained in the Authorization and the Participation Agreement. **By your participation in this Program you agree to be bound by the terms and conditions of the Warranty and the Participation Agreement. Your participation in the Program is evidenced by your submittal of this completed Enrollment Authorization to Sonsio for processing and enrollment in the Program.**

AutoCare Center Enrollment Fees:

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
\$75.00	\$68.75	\$62.50	\$56.25	\$50.00	\$43.75	\$37.50	\$31.25	\$25.00	\$18.75	\$12.50	\$6.25

Provided the enrolling facility was a NAPA AutoCare Center as of January 1 of the current calendar year, regardless of the date of enrollment in the Program, the AutoCare Center will pay the Annual Enrollment Fee, and work performed as of January 1st in the year they enroll will be covered.

For new facilities enrolling after January 1st in the NAPA AutoCare Program, the annual fee for the Extended Warranty shall be prorated based on the month your facility is approved and made effective as an eligible NAPA AutoCare Center. **The prorated fee is available only to new AutoCare facilities.** Work performed as of the Auto Care effective date will be covered.

Enrolling Dealer Information:

Facility Name (DBA) _____ Service Center # _____
 Contact _____ Title/Position _____
E-mail Address (required) _____
 Main Phone No. _____ Main Fax No. _____
 Street Address _____
 City _____ State _____ Zip Code _____
 Mailing Address (if different from above) _____
 City _____ State _____ Zip Code _____
Billing Contact _____ Title/Position _____
 Billing Contact E-mail Address _____
 Billing Phone No. _____ Billing Fax No. _____

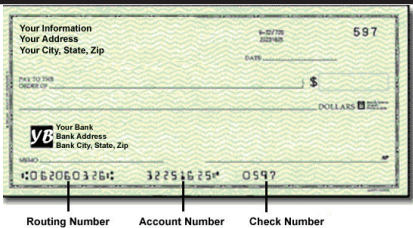
Authorization for Payment of Program Fees by Credit Card:

Credit Card Billing Contact Information:
 Credit Card Billing Address: _____
 City _____ State _____ Zip Code _____
 Visa Mastercard
 Expiration Date _____ (MM/YY)
 Card Number _____
 Cardholder Name _____

I hereby authorize Sonsio to charge this credit card annually the appropriate amount due, based on my AutoCare effective date.
 Cardholder Signature _____
 Date _____

Electronic Funds Transfer (EFT) Account Authorization for Debit of Program Payment:

Bank Routing Number _____
 Bank Account Number _____
 DO NOT USE A DEPOSIT SLIP. Use the routing number and account number printed on one of your checks for this account. If you are not sure, you can always call your bank and ask them to give you the bank routing number and account number for the checking account you are using for this program. **Fax us a copy of your voided check.**
 Account Type (eg, Business Checking) _____
 Name on Account _____



By filling out and submitting this form, I (we) hereby authorize Sonsio Management, Inc., hereinafter called COMPANY, to initiate debit entries to my (our) Checking Account/Savings Account indicated above at the depository financial institution named above, hereafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. Law.

I hereby authorize Sonsio to debit this account annually the appropriate amount due, based on my AutoCare effective date.
 Authorizing Signature _____ Date _____

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. WRITTEN CREDIT/DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

I hereby ACCEPT the terms and conditions of the Program.

Signature _____ Business Federal Taxpayer Identification Number _____

A Taxpayer Identification Number (TIN) is an identification number used by the Internal Revenue Service (IRS) in the administration of tax laws.

Fax this completed enrollment form to Sonsio at 1-866-282-3667 For billing questions or assistance, please call 303-736-1190

If you DO NOT want to be included in our Locator Database, from which we provide customer referrals, check this box

Your Enrollment in the Program: Participation Agreement

The Enrollment Authorization (“**Authorization**”) is a contract between you and Sonsio Management, Inc., and applies to your use of the NAPA Nationwide Warranty 12 Month / 12,000 Mile Extender (hereinafter the “**Program**” or “**Extended Warranty**”). You must read, agree with, and accept all of the terms and conditions contained in the Authorization and the Warranty.

By your participation in this Program you agree to extend the NAPA AutoCare Nationwide Peace of Mind Warranty from 24 Months / 24,000 Miles to 36 Months / 36,000 Miles and to be bound by the terms and conditions of the Authorization and the Warranty.

- 1) This is an extension of the NAPA AutoCare Nationwide Peace of Mind Limited Warranty, and you are responsible for warranty repairs that occur within 25 miles of your facility.
- 2) You understand that the extension is not applicable to local labor reimbursement programs.

Your participation in the Program is evidenced by your submittal of the completed Enrollment Authorization to Sonsio for processing and enrollment in the Program.

Each Facility must enroll and complete an electronic funds transfer (“**EFT**”) or credit card authorization form (the “**Enrollment Authorization Form**”) in order to have extended warranty coverage. The Enrollment Authorization Form must be approved by Sonsio before the Facility will be eligible for extended coverage.

Program Requirements

- A) Program fees shall be paid by each Facility.
- B) Program fees shall be paid in U.S. dollars .
- C) Fees may be paid using the credit card or EFT from the bank account designated on the Enrollment Authorization Form.
- D) The Annual Enrollment Fee is determined based on the date your facility is approved and made effective as an eligible AutoCare Center by NAPA.
 - i. Provided the enrolling facility was a NAPA AutoCare Center as of January 1 of the current calendar year, regardless of the date of enrollment in the Program, the AutoCare Center will pay the Annual Enrollment Fee, and work performed as of January 1st in the year they enroll will be covered.
 - ii. For new facilities enrolling after January 1st in the NAPA AutoCare Program, the annual fee for the Extended Warranty shall be prorated based on the month your facility is approved and made effective as an eligible NAPA AutoCare Center. **The prorated fee is available only to new AutoCare facilities.** Work performed as of the Auto Care effective date will be covered.
- E) Fees are invoiced annually, and will be charged to the designated credit card or debited from the account designated for EFT.
- F) Annual renewal will occur automatically on the first (1st) day of the month preceding the beginning of the Warranty coverage term or the first business day thereafter if the 1st is not a normal business day.

- G) The facility must provide written notification at least thirty (30) days before the beginning of the Warranty coverage term in order to cancel enrollment in the Warranty.
- H) Upon cancellation of enrollment in the Warranty, a Facility which makes payment annually shall be issued a prorated refund for any subsequent three-month periods for which payment has already been made so long as no claims have been paid on behalf of the cancelling Facility.
- G) **Electronic Fund Transfers.** Facilities electing to authorize electronic fund transfers (“**EFT**”) for payment must complete the EFT portion of Enrollment Form.
 - i. Debits to designated EFT accounts shall post within two (2) business days after the 1st day of the month in which your Program Fees are debited.
 - ii. **Non-Sufficient Funds (“NSF”) Fee.** If a NSF occurs, the bank will make three attempts within ten (10) days to process the payment. In addition to the amounts invoiced by Sonsio for Program Fees, you will be charged a NSF fee for each NSF that is charged to Sonsio. The current NSF Fee is \$50. This fee is subject to change based on the amount charged to Sonsio or as bank fees increase. Upon our notification of a NSF, we will notify you by phone, fax and/or email and ask that the situation be rectified. If we are unable to process your payment successfully within one (1) business day, your Warranty coverage will be terminated until your outstanding balances, and associated fees are resolved. If your Warranty coverage is terminated, we will send an email to you notifying you of the current status and the steps required to reinstate the Program.
- I) **Credit Card.** Facilities electing to utilize a credit card (Visa or Mastercard) for payment must complete the credit card portion of the Enrollment Form.
 - i. If your credit card is rejected or declined, we will make one attempt to reach the billing contact person by telephone to get the correct credit card information before we make a second attempt to process your payment.
 - ii. If we are unable to process your payment successfully within one (1) business day, your Warranty coverage will be terminated until the payment issue is resolved and all past due balances and any associated fees are paid in full. If your Warranty coverage is terminated, we will send an email to you notifying you of the current status and the steps required to reinstate the Program.
- J) In the event that payment is not received by the first (1st) day of the Warranty coverage period, you will not be reenrolled in the Program.
- K) In the event that it becomes necessary for Sonsio to take legal action to collect unpaid amounts, Sonsio shall be entitled to collect, in addition to the amounts owed, interest on the unpaid balance at the rate of twelve percent (12%) per annum, and all costs of collection, including reasonable attorney’s fees.