

AAR Value Added Services Membership Application

BUSINESS INFORMATION:										
Name of Ownership Entity (Legal Name):					Name of Business (Doing Business As / Same as Signage):					
Corporate / Billing Address:					Location Address (Attach Additional Locations - No P.O. Box#):					
City:			State:	Zip:	City:			State:	Zip:	
Telephone #:					Telephone #:			Fax #:		
OWNERS OR OFFICERS										
Title:			Email address:				Percent Ownership:			%
First Name:			Last Name:			Middle Initial:				
Title:			Email address:				Percent Ownership:			%
First Name:			Last Name:			Middle Initial:				
MARKETING PROFILE										
Do you have a website? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the website address? _____ If "Yes," is your website search engine optimized? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," how much is your monthly hosting? _____					Do you have a formal phone training process? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," how do you train? _____ If "Yes," how much do you spend on a monthly basis? _____					
Do you send your customers service reminders? By Mail <input type="checkbox"/> Yes <input type="checkbox"/> No Cost / Month _____ By Phone <input type="checkbox"/> Yes <input type="checkbox"/> No Cost / Month _____ By Text Message <input type="checkbox"/> Yes <input type="checkbox"/> No Cost / Month _____ By Email <input type="checkbox"/> Yes <input type="checkbox"/> No Cost / Month _____					Do you monitor your employees' professionalism on the phone? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," how? _____ If "Yes," how much do you spend on a monthly basis? _____					
Do you currently use a customer satisfaction survey program? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," how does it work? _____ If "Yes," how much do you spend on a monthly basis? _____					Do you have an internal marketing department? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," please provide more details? _____ If "Yes," how much do you spend on a monthly basis? _____					
SALES PROFILE										
Monthly Sales Volume: _____			Average Invoice: _____		% of total sales from tires _____			% of total sales from service _____		
% of Credit Card Payments: _____			% of Cash Payments: _____		% of Wholesale Sales: _____			% of Other Sales: _____		
Make and Model of your credit card terminal: _____ Do you accept fleet cards? <input type="checkbox"/> Yes <input type="checkbox"/> No					Do you process checks electronically? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," do you use a check reader? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," do you use the internet? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have stop payment protection? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have financing available for your customers? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have gift/loyalty cards available for your customers? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Name										
Name: _____ Title: _____ Date: _____										
Next Steps										
NEXT STEPS 1. Fax this page to 949-209-5255 with your most RECENT MERCHANT STATEMENT. 2. Rep will contact you within 24 hrs.										