



**EXCELERATOR<sup>SM</sup> SIGN UP**  
UPTIME TURBOCHARGED

Customer Name: \_\_\_\_\_

Account ID #: \_\_\_\_\_

Contact Name: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_

City, State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone (Required): \_\_\_\_\_

PO Required?      YES                      NO

Salesperson ID: \_\_\_\_\_

DTNA ID (If already has one): \_\_\_\_\_

VIN Only if registering fleet on Parts Pro (Last 6 only): \_\_\_\_\_

Chose one:              COD                      Charge

Chose one:              IRF                      Fleet # of Trucks \_\_\_\_\_

Notes:

Parts Manager Approval: \_\_\_\_\_