



2017 Enrollment Form

I have read and agree with these Program Rules and allow my dealership personnel to participate in these rewards programs.

Put a check in the l	oox below:		
	the enrollment fee and allow my c Excellence Rewards Program.	lealership personnel to partio	cipate in
Dealer Code:		_	
Dealership Name:			
Dealer Principal Na	me:		
Email Address:			_
Phone Number:			
	nature (or person listed on paragi	•	
Date (month/day/y	rear):		
	Parts Manager (Please Print Nam		ınel
Email address of pe	erson to be contacted:		
	Dealership Size	Enrollment Fee	
	Parts Group Size 1 or 2	\$50 Per Month	
	Parts Group Size 3. 4 and 5	\$100 Per Month	

FIAT Studios No Fee

Please fax enrollment to 844-MSER-FAX (844-673-7329). Questions please call Mopar Service Excellence Rewards Team at (866)909-MSER (6737).