

NAPAC MEMBERSHIP APPLICATION

(PLEASE PRINT CLEARLY)

COMPANY NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE _____

OWNER OR CHIEF EXECUTIVE/GM: _____

OFFICE PHONE NUMBER: () _____ - _____

CELL PHONE: () _____ - _____

EMAIL ADDRESS: _____

**OTHER KEY ASSOCIATES: PLEASE LIST NAMES WITH TITLES, E-MAIL AND PHONE NUMBERS FOR:
FINANCE MANAGER, CFO, MARKETING DIRECTOR, SALES MANAGER, TELEMARKETING MANAGER, ETC.**

PRODUCTS/SERVICES SOLD WITH APPROXIMATE ANNUALIZED REVENUE BY PRODUCT LINE:

ANNUAL AMOUNT OF SALES FINANCED & COST TO FINANCE: \$

ANNUAL CREDIT CARD SALES & COST TO PROCESS: \$ _____

MARKET – GEOGRAPHY/TERRITORIES COVERED:

(ATTACH ZIP CODE LIST IF AVAILABLE)

IF PARTICIPATING IN THE NAPAC LEAD GENERATION PROGRAM:

DO YOU CURRENTLY USE LEAD PERFECTION (OR LITE)? YES ____ NO ____

DEDICATED EMAIL ADDRESS FOR WEB FORMS:

DEDICATED PHONE NUMBER FOR TRANSFERING CALLS (DIRECT INQUIRIES)

() _____ - _____