

Fill out the registration below and return to your Parts Store, or by email or Fax and your ready!

Parts Store: \_\_\_\_\_ Salesperson: \_\_\_\_\_

Service Center Registration:

Company name:

\_\_\_\_\_  
Owner/Manager:

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

\_\_\_\_\_  
City/Town:

\_\_\_\_\_  
Province:

\_\_\_\_\_  
Postal Code:

\_\_\_\_\_  
Telephone:

\_\_\_\_\_  
Email:

\_\_\_\_\_ I agree to pay \$195 PER YEAR for a yearly Membership, to be billed on my Parts Account or eTransfer to [inject@mymts.net](mailto:inject@mymts.net) .

AUTHORIZATION SIGNATURE:

\_\_\_\_\_ DATE \_\_\_\_\_

\*Limited to 8 techs per location. Larger fleets, unlimited techs \$495 a year per location.