

**AAA MID STATES
AUTOMOTIVE SERVICES
ROADSIDE ASSISTANCE
APPLICATION**

Name: _____

Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone (Day): _____ (Night): _____ (24-Hour): _____

Social Security #: _____

Federal Tax I.D. #: _____

Type of Business: _____

Length of Time: a) At Present Location: _____

b) Under Present Ownership: _____

c) Under Present Management: _____

Hours/Days of Operation to General Public: _____

Does Your Facility Provide: Gasoline: _____ Yes _____ No

Diesel Fuel: _____ Yes _____ No

Name of Insurance Company: _____

Name of Insurance Agent: _____ Agent's Phone #: _____

Agent's Address: _____

City: _____ State: _____ Zip: _____

Policy Limits: _____

Type of Training Available to your Drivers:

Description of Service Vehicles:

Year	Make	Model	Type (describe)

Tools & Equipment:

PLEASE ANSWER THE FOLLOWING QUESTIONS:

- 1) I have read the enclosed membership handbook, and I understand the services provided to AAA members. Yes No
- 2) I understand the procedures that are to be followed providing service to AAA members. Yes No
- 3) I understand that a complete investigation of my business will be conducted should I be selected as an AAA Contract facility. Yes No
- 4) I understand both the Better Business Bureau and the State Attorney General's office will be contacted as part of that investigation. Yes No
- 5) I understand that the investigation will involve contacting various business owner's in my community. Yes No
- 6) I have read the enclosed information regarding AAA's Check Acceptance Program, and I understand and agree to participate in the program. Yes No
- 7) I hold all required state and federal licenses for towing. Yes No
- 8) In the event of a member's complaint to the Club regarding your facility, I will cooperate fully in any investigation thereof and I will abide with the decision of the club. Yes No
- 9) I will provide emergency road service 24/7/365. Yes No
- 10) I am willing to provide emergency road service on request beyond my zone of operation 24/7/365. Yes No
- 11) I will have the equipment and personnel available to provide these services to the AAA member. Yes No
- 12) The insurance liability and limits have been explained to me, and I understand that I must carry these limits to participate as an AAA contract facility. Yes No
- 13) I am willing to provide the Club with a Certificate of Insurance listing AAA Mid States as the Certificate Holder. Yes No

Signature

Title

Date