



Powersports Enrollment

Date: _____

Please enroll my dealership in the
ASC Warranty Powersports Program:

Dealership Name: _____

Auto Services Company, Inc.TM Dealer Number _____

Print Name: _____

Signature: _____

ASC Representative Initials: _____

Auto Services Company, Inc. TM
P.O. Box 2400, Mountain Home, AR 72654-2400
Dealer Hotline: 800-442-7116 Fax Line: 870-424-6618