



THE SHERWIN-WILLIAMS COMPANY

A-PLUS™ NETWORK ENROLLMENT APPLICATION CANADA

1. SHERWIN-WILLIAMS Servicing Branches and / or Jobber Account Information

| | | |
|--------------------------|-----------|-----------------------|
| Branch # or Jobber Name: | | List All Account #'s: |
| Region: | Area #: | Territory #: |
| Street Address: | | |
| City: | Province: | Postal Code: |
| Telephone #: | Fax #: | |

2. A-PLUS™ NETWORK SHOP INFORMATION (Please complete all sections of application)

Shop Name:
(A-Plus™ Network Membership Plaque and Marketing Brochures will be printed in the above name.)

| | |
|--|------------------------|
| Owner: | Manager: |
| Street Address: | |
| Mailing Address: (if different from Street Address - P.O. Box Address) | |
| City: | Province: Postal Code: |
| Telephone #: | Fax #: |
| E-Mail Address: | |

3. SHOP PROFILE: All Questions Must Be Completed Independent Shop Dealership

| | | |
|---|-------------------------|-------------------------------|
| Total Shop sq. footage: | # Years in Business: | Avg. Monthly Collision Sales: |
| # Of Vehicles Repaired Weekly: | # Of Paint Technicians: | |
| # Average Cost of Repair: | # Of Body Technicians: | |
| # Of Paint Booths: | # Of Mechanical Bays: | |
| Are you a DRP facility | | |
| <input type="checkbox"/> Yes If Yes, What percent of your business is DRP _____ <input type="checkbox"/> No | | |

Which Computerized Estimating System(s) do you use?

4. TYPE OF PAYMENT:

- Check for \$895.00 made payable to The Sherwin-Williams Company or;
- Future A-Plus™ Points Earnings Payment **(Must Initial Letter of Agreement Section below)**

Letter of Agreement: (Only applies to Future A-Plus™ Points Earnings Payment Option if Checked)

I/We understand that the initial 1,200 A-Plus™ Points we earn ("Enrollment Points") shall be applied toward the A-Plus™ Enrollment Fee
 I/We agree to pay any outstanding balance of such Enrollment Fee in full if we do not earn the Enrollment Points within one year of the Contract Date. **Initial here:** _____

- For each additional shop the enrollment fee is \$495.00 or 600 Future A-Plus™ Points Earnings

Mail Application along with Check to:

**The Sherwin-Williams Company A-Plus™ Network, 180 Brunel Road, Mississauga, ON L4Z 1T5
 Or Fax to: 216-263-1595**

COMPLETE MEMBERSHIP CRITERIA EVALUATION & SIGNATURE ON REVERSE SIDE

A-PLUS™ NETWORK MEMBERSHIP CRITERIA EVALUATION

THIS EVALUATION IS TO BE COMPLETED BY A SHERWIN-WILLIAMS REPRESENTATIVE

When you sign up for the A-Plus™ Network membership, you will be among a select group of collision repair facilities that meet the industry's highest standards. They are the same quality standards for which insurance companies advocate and vehicle owners expect when selecting a collision repair facility. The Sherwin-Williams Company asks that A-Plus™ Network members meet the following requirements:

5. A-PLUS™ NETWORK MEMBERSHIP CRITERIA:

- a. Use Sherwin-Williams® Automotive Finishes products as your primary refinishing system:
 - Premium Undercoats
 - AWX® Waterborne Basecoat
 - Premium Clearcoats
- b. Repair Facility complies with all Federal, Provincial, and Local regulations pertaining to collision repair facilities.
- c. Repair Facility employ qualified technicians who are I-CAR or ASE-certified in refinish and body repair responsibilities.
- d. Repair Facility provides an on-going employee training program by utilizing various training resources available through I-CAR, ASE, or Sherwin-Williams. (If NO, enter the date of training to be attending _____).
- e. Repair Facility maintains a refinishing area that complies with safety, environmental and legal regulations.
- f. Repair Facility utilize the following:
 - A four-point clamping system to secure vehicles while making structural repairs
 - Electrical and hydraulic pulling equipment appropriate to the service offered
 - Equipment capable of making three-dimensional measurements
 - Current dimensional guides appropriate to the vehicle being repaired
 - A computerized estimating system
- g. Repair Facility use appropriate welding equipment that meets vehicle manufacturers' requirements.
- h. Repair Facility replace or restore a vehicle's mechanical and structural components to their pre-accident condition to insure vehicle integrity, durability, and safety.
- i. Repair Facility replaces all safety devices and restores vehicle corrosion protection to manufacturers' recommendations.
- j. Repair Facility provides a minimum one-year written warranty on all repairs.
- k. Repair Facility maintains a clean, professional environment for receiving customers.
- l. Repair Facility meets qualifications and utilizes the The Sherwin-Williams Company Limited Lifetime Guaranty Program.
- m. Repair Facility monitors customer service index through a third-party service such as CSI Complete or Customer Research Inc.

NOTE: Failure to answer YES (Y) to any of the questions on the Evaluation Form may result in a Non-Acceptance to the A-Plus™ Network Membership Application, or could result in a cancellation of your Contract as an existing A-Plus™ Network collision repair facility with The Sherwin-Williams Company.

6. This collision repair facility meets the necessary requirements to be recognized as a Sherwin-Williams A-Plus™ Network member.

| | | |
|----------------------|--------------------|------|
| Sales Representative | Area Sales Manager | Date |
|----------------------|--------------------|------|

7. We, the undersigned have read and agree to abide by the Sherwin-Williams A-Plus™ Network Membership agreement. We further agree to meet the membership criteria and to maintain our status as an A-Plus™ Network member.

| | | |
|-------------------------|------------|------|
| Owner/Manager Signature | Print Name | Date |
|-------------------------|------------|------|

8. **For Internal Use Only**

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| A-Plus™ Network Program Manager Signature | Date |
|---|------|