



## Roadside Assistance Service Provider Enrollment Form

Company name \_\_\_\_\_

Contact \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

### Please check services you can provide:

- |                                      |   |  |
|--------------------------------------|---|--|
| <input type="checkbox"/> Towing      | <input type="checkbox"/> Delivery of Fluids | <input type="checkbox"/> Motorcycle Towing |
| <input type="checkbox"/> Jump Start  | <input type="checkbox"/> Winching           | <input type="checkbox"/> Secondary Towing  |
| <input type="checkbox"/> Tire Change | <input type="checkbox"/> Medium Duty Towing | <input type="checkbox"/> Accident Towing   |
| <input type="checkbox"/> Lock-Out    | <input type="checkbox"/> Heavy Duty Towing  |  |

*Thank you for your interest in becoming a contractor for the BG On The Road® Program!*

Please fax your request to **316-265-6047** or email **maugustine@bgprod.com**

