



International Advantage® Member Enrollment Form

ALL FIELDS REQUIRED

First Name _____ Last Name _____

Company Name _____ Title _____

Address _____

City _____ State/Province _____ Postal Code _____

Phone _____

Email _____ Password _____

Email and password will be used for creating your user account for the program's website.

Yes, I would like to receive future email communications from International Trucks and my local dealer.

How often do you purchase trucks?

Yearly Every 2 years Every 3-5 years 6+ years

Do you prefer to purchase or lease?

Purchase Lease

Do you prefer new or used?

New Used

How likely are you to recommend International Trucks to a friend?

Not at all likely Not very likely Might or might not Very likely Extremely likely

Type of business

- | | | |
|---|---|---|
| <input type="checkbox"/> Agricultural / Farming | <input type="checkbox"/> Hazard Materials | <input type="checkbox"/> Sanitation / Refuse |
| <input type="checkbox"/> Beverage Processing & Distribution | <input type="checkbox"/> Owner Operator | <input type="checkbox"/> Services |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Landscaping | <input type="checkbox"/> Sanitation / Hazardous Materials |
| <input type="checkbox"/> Emergency Vehicles | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Specialized / Heavy Hauling |
| <input type="checkbox"/> Forest / Lumber / Wood Products | <input type="checkbox"/> Moving / Storage | <input type="checkbox"/> Utility |
| <input type="checkbox"/> Food Processing & Distribution | <input type="checkbox"/> Petroleum | <input type="checkbox"/> Vehicle Transporter |
| <input type="checkbox"/> General Freight | <input type="checkbox"/> Road / Highway Maintenance | <input type="checkbox"/> Wholesale / Retail |
| <input type="checkbox"/> Government | | |

Please choose your welcome gift (check one)

Key Chain Hat Gloves

To enroll email this form to angela@cooksonmotors.com