

Service Advisors Peer Group



Ready to level up your service department performance? Complete this form to secure your spot in our next monthly session. Please complete one form per Service Advisor participant.

SERVICE ADVISOR PEER GROUP PARTICIPANT INFORMATION

Name: _____

Email address: _____

Direct / mobile phone: _____

COMPANY INFORMATION

Company: _____

Street address: _____

City: _____ State/Prov.: _____ ZIP/PC: _____

Primary company contact name: _____

Primary company contact email: _____

Accounting contact name (for invoices): _____

Accounting contact email: _____

AGREEMENT

☐ I understand that I will need to spend approximately 15 minutes each month submitting my basic advisor metrics to generate our monthly comparative composite.

☐ I understand that this group respects dealership privacy and will never ask for confidential dealer profitability or payroll/compensation data.

☐ I agree with the month-to-month participation commitment and will bring an open mind and a willingness to share best practices.

Participant Signature: _____ Date: _____

WHAT HAPPENS NEXT?

Please return your completed form to your sales representative or: sfsales@ncmassociates.com. Our group moderator will reach out via email with onboarding information and the schedule for our upcoming monthly virtual meetings.