



MRA Shipping Program Enrollment Form

Please provide the following information to request enrollment in the MRA Shipping Program and receive discounted shipping rates.

Save time – sign up online now! PartnerShip.com/41MRA

Contact:
 Company Name: _____ Contact Name: _____
 Title: _____
 Address: _____
 Address 2: _____
 City: _____ State: _____ ZIP: _____
 Phone: _____ Fax: _____ Email (Required): _____
Describe your business type: Retailer Manufacturer Wholesale/Distribution Professional Other
What is your preferred contact method? Email Mail Phone
What is the best time to contact you? Morning Afternoon Evening

Shipping Contact (if different than above):
 Contact Name: _____ Title: _____
 Address: _____
 Address 2: _____
 City: _____ State: _____ ZIP: _____
 Phone: _____ Fax: _____ Email (Required): _____
What is your preferred contact method? Email Mail Phone
What is the best time to contact you? Morning Afternoon Evening

About Your Shipping:
 Do you **currently ship** with **FedEx**? Yes No (If no, a FedEx account number will be assigned to you)
 If yes, please list your FedEx account number(s) _____
 How many **express packages/envelopes** do you **ship** per month? _____ **Receive?** _____
 How many **ground packages** do you **ship** per month? _____ **Receive?** _____
 How many **less-than-truckload (LTL) freight shipments** (>150 lbs.) do you **ship** per month? _____ **Receive?** _____
 How many **truckload (TL) freight shipments** (>10,000 lbs.) do you **ship** per month? _____ **Receive?** _____
 How many **tradeshow** or exhibit freight shipments do you **ship** per month? _____
 I have an upcoming tradeshow where I will be exhibiting. Show name/Date: _____

I agree to the Terms & Conditions of Shipping **viewable at PartnerShip.com/TC**.

Print Name _____ Signature _____ Date _____

Please fax your completed enrollment form (valid email address required) to PartnerShip® at: **800-439-8913**

If you don't receive confirmation of your enrollment within 24 hours, please contact PartnerShip at 800-599-2902. By completing this enrollment form, you consent to receive transactional and information emails and faxes from PartnerShip. PartnerShip will provide independent options to opt out of communications.