

## NOACC Chamber Shipping Program Enrollment Form

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

## ~~ Save time - enroll online now! PartnerShip.com/89NOACC ~~

Contact:			
Company Name:	Contact	Name:	
Local Chamber of Commerce:		Title:	
Address:			
Address 2:			
City:	State:		
Phone:	Fax:	Email:	
Describe your business type:	Retailer Manufacturer	Wholesale/Distribution Professional	Other
What is your preferred contact m	ethod? Email Mail	Phone	
Shipping Contact (if different tha	n above):		
Contact Name:		Title:	
Address:			
Address 2:			
City:	State:	ZIP:	
Phone:	Fax:	Email:	
What is your preferred contact method? Email Mail Phone			
About Your Shipping Do you currently ship with FedEx®? Yes No If yes, please list your FedEx account number(s) (If you do not have a FedEx account number, one will be assigned to you.)  How many air packages/envelopes do you ship with all small package carriers in an average week? receive in an average week?			
How many <b>freight shipments</b> do you <b>ship</b> with all freight carriers per year? <b>receive</b> per year?			
How many <b>tradeshow shipments</b> do you have each year? I have an upcoming tradeshow, please contact me promptly.			
I agree to the Terms & Conditions of Shipping viewable at PartnerShip.com/Enrollmentterms.			
Print Name	Signature	e	Date

Please fax your completed enrollment form 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.