



## NAEDA Discount Freight Program Enrollment Form

Please provide the following information to request enrollment in the NAEDA Discount Freight Program and receive discounted shipping rates.

~~ Save time – enroll online now! [PartnerShip.com/24NAEDA](http://PartnerShip.com/24NAEDA) ~~

**Contact:**

Company Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

Address 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Describe your business type:**  Retailer  Manufacturer  Wholesale/Distribution  Professional

**What is your preferred contact method?**  Email  Mail  Phone

**Shipping Contact (if different than 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 **ground packages** do you **ship** with all small package carriers in an average week? \_\_\_\_\_ **receive** in an average week? \_\_\_\_\_

How many **freight shipments** do you **ship** with all freight carriers per year? \_\_\_\_\_ **receive** per year? \_\_\_\_\_

How many **tradeshow shipments** do you have each year? \_\_\_\_\_

I have an upcoming tradeshow, please contact me promptly.

I agree to the FedEx Terms & Conditions of Shipping **viewable at [PartnerShip.com/FedExterms](http://PartnerShip.com/FedExterms)**.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ 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.