

Vendor Membership Application



EXPRESS CARRIERS ASSOCIATION
Forging Transportation Relationships

We wish to apply for membership in the Express Carriers Association:

Company _____

Representative _____

Title _____

Phone _____ Fax _____

Mailing Address _____

City: _____ State _____ ZIP _____

Website _____ Email _____

Annual Dues: \$550

We understand that if our payment is made prior to January 15, we will be a 5-STAR MEMBER. 5-Star Members receive recognition at the Marketplace and in the ECA Service Directory. The ECA Membership year runs from January 1st through December 31st.

CHECK IS ENCLOSED made payable to: Express Carriers Association.

Remit to: Express Carriers Association, 9532 Liberia Avenue, #752, Manassas, VA 20110

CHARGE \$550 to my: Visa Mastercard American Express

Credit card users can fax this form to: 703-361-5274 (If faxing- Do not follow up by mail, you could be charged twice.) or remit to: Express Carriers Association: 9532 Liberia Avenue, #752, Manassas, VA 20110

Account # _____

Name as it appears on card _____

Expires _____ Signature _____

_____ hereby submits application for membership to the Express
Company Name
Carriers Association as a shipper member, as defined by the association by-laws, Article 2, Section 2 (C) Vendor Membership: *A A supplier of goods or services to the transportation industry who subscribes to and supports the mission of ECA.*

By signing below, I agree that I am an authorized employee/representative of the entity submitting the application. To the best of my knowledge, all of the above information is true and accurate. If found that the information is not true or correct, the ECA reserves the right to deny/reject the application.

Signature _____ Date _____

VENDOR

Vendor Membership Application

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Contacts: Please give us three contacts for your company.

Contact 1

Name _____

Title _____

Address _____

Phone _____ Fax _____

Email _____

Contact 2

Name _____

Title _____

Address _____

Phone _____ Fax _____

Email _____

Contact 3

Name _____

Title _____

Address _____

Phone _____ Fax _____

Email _____

Please give us a 50-word description of your services.

Thank you for providing this important information. It will appear in the next ECA Service Directory.

9532 Liberia Avenue #752 • Manassas • VA 20110 • 703-361-1058 • Fax 703-361-5274

