WSCA Small Parcel Delivery Services

Attachment H

CUSTOMER REGISTRATION FORM

Customer(s) must complete all fields within this registration form.

Date Submitted: Feb 16, 2007

Select ☒ Your Carrier(s):	☒ **California Overnight**	☐ **DHL Express (USA) Inc.**	☐ **FedEx Worldwide Services**	☐ **Golden State Overnight**
Respective MSA No.	5-06-99-02	5-06-99-03	5-06-99-04	5-06-99-05
Enter existing account numbers, if any, per carrier:				

Agency Billing Code:	012345				
Agency Name:	test				
Agency Contact Name:	test				
Agency Street Address: *(Do not use P.O Box)*	test				
City:	test	State:	CA	Zip Code:	11111
Phone Number:	(111) 1111111	Fax Number:	(111) 1111111		
E-Mail Address:	robert.patterson@dgs.ca.gov				

AGENCY BILLING ADDRESS, IF DIFFERENT

Street Address:					
City:		State:	CA	Zip Code:	
Phone Number:	( )	Fax Number:	( )		
E-Mail Address:					

Estimated average daily small package volume (☒) :	1-10	11-25	26-50	51-100	101-500	501-1,000	1,000 or more
	☐	☒	☐	☐	☐	☐	☐

Send completed form to the State of California, DGS - TMU by email to TransportationManagement@dgs.ca.gov **in order to receive approval to utilize the MSA.**

Submit by Email

Upon approval, the TMU will return an approved copy to your agency contact and forward an approved copy to the carrier(s) selected.

FOR OFFICIAL USE ONLY

Date Approved By TMU: _____ _____

Update