



SnowSports Industries America Members save with Roadway

**Sign up today to take advantage
of your 70%* discount!**

Unmatched Coverage.

Move your shipments throughout North America with 96% of the US population serviced direct.

Dependable Service.

LTL and expedited services to match any need for speed and reliability.

Dedicated Support.

Professionally trained customer care teams and an association benefits coordinator dedicated to servicing customers.

Leading Technology.

24/7 online tracking and documentation through roadway.com.



To take advantage of the SIA program, please complete the registration form on the back and fax it to 913.981.4743. For more information please call your association benefits coordinator, Jessica Bain, at 800.647.3061, Ext. 6564.

* Discount applies to qualifying LTL shipments with Roadway.

Connecting savings and solutions for SIA Members

Roadway



Association Program designed specifically for
SnowSports Industries America

Enrollment Form

Send completed application to:
Jessica Bain
Association Solutions
10990 Roe Avenue A 325
Overland Park, KS 66211
or fax to: 913.981.4743
or call: 800.647.3061, Ext. 6564

Please PRINT or TYPE the requested information.

COMPANY (MEMBER) INFORMATION

Company (Member) Name *: _____ Phone: () - Fax: () -

Pick-up/Delivery Address *: _____
(Street Address) (City) (State/Prov.) (Zip/Postal Code)

Corporate Affiliation: _____
(Parent Company Name) (Address) (City) (State/Prov.) (Zip/Postal Code)

Type of Business: Proprietorship Partnership Corporation State Incorporated: _____
(Provide State)

Number of Locations *: _____ Number of Employees: _____ Annual Sales: \$ _____ Maximum Credit Required: \$ _____ Duns #: _____

Individual responsible for shipping decisions at your company? Name: _____ Phone: ()

E-mail Address: _____ Website: _____

- Attach a list of all locations at which you ship or receive freight and trade names (d/b/a) you utilize at those locations.

INVOICING INFORMATION

Mail invoices to: _____
(Company Name) (Street/P.O. Box) (City) (State/Prov.) (Zip/Postal Code)

Individual responsible for payment of freight charges: _____ Phone: () - Fax: () -

Roadway.com