

# Mississippi Towing and Recovery Professionals, Inc. Registration Form

Date: \_\_\_\_\_ (Renewal is January of each year)

Legal Name of Applicant: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ County \_\_\_\_\_ Zip: \_\_\_\_\_

Please check box if mailing address and physical address are the same

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ County \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: (    ) \_\_\_\_\_ Fax: (    ) \_\_\_\_\_

Registration Fee: \$200

Please make checks payable to:

*Mississippi Towing & Recovery Professionals, Inc.*

*Post Office Box 23275*

*Jackson, MS 39225*

(Registrant will receive an invoice in the mail as proof of payment for registration)