

Mississippi Towing and Recovery Professionals, Inc.

Registration Form

DATE _____

RENEWAL IS JANUARY OF EACH YEAR

Full Legal Name of Applicant: _____

Primary Email Address _____

Mailing Address:

City: _____ State: _____ County _____

Zip: _____

Please check the box if your 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.

2809 South Gloster Street

Tupelo, MS 38801

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