



Customer Website Sign Up Form

User Login Request
(Please Print)

Company Information

Account Number: _____

Company Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

User Information

First Name: _____ Middle Initial: _____ Last Name: _____

Your User Name will be: FirstInitial,MiddleInitial,LastName.
(E.g. Jon Q. Public = jqpublic)

Email Address: _____ Phone Number: _____

Please create a Challenge Phrase of your own:

(A Challenge Phrase is a unique question that the system will prompt you with if you need to reset your password. Example: "What is your favorite color?")

Please create a Response of your own:

(Response is a single-word answer to the Challenge Phrase. Example: "Blue")

Please mail this form to:

Carrier Priority Card Customer Service
P.O. Box 10922
Shawnee Mission, KS 66225-9022

or FAX to (913) 663-9774

Questions? Call 1 (866) ROADCARE (1-866-762-3227)