MCX TRADING PARTNER TMS SETUP FORM

Check the box that applies to your facility.

NEW VENDOR

E-mail form to mcxvendorsetup@usmc-mccs.org

ADD NEW SHIPPING POINT TO EXISTING

REPLACE EXISTING SHIPPING POINT E-mail form to mcx@landair.com

SHIPPING POINT INFORMATION

Note: List all vendor DUNS that this location is authorized to ship orders for.

A new form must be filled out for each shipping location. Send completed for

A new form must be filled out for	5	•		Printe location (
MCX TMS Location ID (MCX will o	reate/provide ID for nev	w setup):			
* Shipper Company Name:					
* Shipper POC Name:			* Phone:		
* Shipper Address:					
* City:			* State:		
* Country:			* Postal Code:		
* Shipping Location Fax:			* Commodity:		
MCX recommends that our vendo peing unread, deleted or sent to a					
* Group E-mail Address:					
* Secondary E-mail Address:					
* Other Contact Name:			* Other Phone:		
Provide the Vendor name and DU numbering system," known as DL money is spent. The federal gover pusiness with a government ager	INS, is a unique 9-digit r rnment requires organiz	number that is use ations to provide	ed by the federal go a DUNS number a	overnment to ke	eep track of how federa
Vendor Name:			DUNS:		
Vendor Name:			DUNS:		
Vendor Name:			DUNS:		
Does your location require an appointment for pickup?	□ NO □ Y	ES, provide appt	phone number		
Shipping Hours Mon-Fri (p	lease enter all tim	es as Military	Time ex. 1300	= 1pm)	
* Earliest Appointment:		* L	atest Appointmen	t:	
Shipping Notes:					
Compliance Dent POC:		* Email:		* Phone:	