

# Carrier Setup

We are setting you up as a carrier in our system. Please take a moment and fill out the information below. Please be sure to include a copy of your insurance certificate with B listed as the certificate holder as well as copies of your authority, Federal ID # and our contract signed. When completed fax back to us with the appropriate paperwork and forms.

Carrier Name: \_\_\_\_\_

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

\_\_\_\_\_

Remit to Name: \_\_\_\_\_

Remit to Address: \_\_\_\_\_

\_\_\_\_\_

Primary Contact: \_\_\_\_\_

800 Number: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Cell Phone: : \_\_\_\_\_

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

Hazmat:    Yes    No

Teams:    Yes    No

Equipment: \_\_\_\_\_ Please use equipment legend when specifying

Type: \_\_\_\_\_ Please specify TL or LTL or both

Fleet Size: \_\_\_\_\_

SCAC: \_\_\_\_\_

If there are any particular lanes you would prefer to send your trucks please list them below:

**EQUIPMENT LEGEND:**  
A = AIRRIDE  
B = BROKER  
C = CURTAIN VAN  
D = DROPDECK  
F = FLATBED  
H = HAZMAT  
HP = HOPPER TRUCK  
L = LOGISTICS  
I = INTERMODAL  
P = POWER ONLY  
R = REFER  
S = STEPDECK  
ST = STRAIGHT TRUCK  
T = TANKERS  
V = VAN  
W = WAREHOUSE  
X = EXPEDITE/AIRFREIGHT

Please sign and date: \_\_\_\_\_