

# Carrier Onboarding Sheet

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## Carrier Information

Company Name:

MC Number:

DOT Number:

Tax ID (EIN):

Years in Business:

Address:

City/State/ZIP:

Phone Number:

Email:

## Contact Information

Dispatch Contact Name:

Dispatch Phone:

Dispatch Email:

After-Hours Contact:

## Equipment Details

Types of Equipment: (e.g. Dry Van, Reefer, Flatbed)

Number of Trucks:

Areas of Operation (Regions/States):

Hazmat Certified: Yes / No

## Insurance Information

Insurance Provider:

Auto Liability Coverage:

Cargo Coverage:

Expiration Date:

\*Please attach certificate of insurance\*

### **Documents to Include**

☐ Signed Carrier Agreement

☐ W-9 Form

☐ Certificate of Insurance

☐ Operating Authority (MC Certificate)

### **Payment Information**

Preferred Payment Terms (Net 30 / Quick Pay):

Factor Company (if applicable):

Factor Contact Info:

Remittance Address:

### **Signature**

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_