



SMS

Logistics, Inc.

P.O. Box 8100, San Antonio, TX. 78208 * (210) 281-9239 * FAX: (800) 809-9976

CARRIER SETUP FORM

CARRIER INFORMATION:

Legal Name: _____ Phone: _____

Other Name: (If Applicable) _____ MC# _____

Physical Address _____ City _____ State/Zip _____ Brokerage Authority: () Yes () No

Mailing Address _____ City _____ State/Zip _____

Fed. Tax Id # _____ Years In Business _____ After Hours Phone # _____

Type of Organization: () Corporation () Partnership () Sole Proprietor () Other _____

Names of Owners/Officers:

NAME: _____ TITLE _____
NAME: _____ TITLE _____
NAME: _____ TITLE _____

C-TPAT Certification () No () Yes (Copy Attached)

Customs Trade Partnership Against Terrorism

Other Certifications or Endorsements _____

Fleet Description: (Number/Units)

_____ Vans _____ Flat _____ Reefers _____ Trailers _____ Hazmat _____ TABC

Co. Drivers _____ # Owner Operators _____

Receivables Factored - () Yes () No If Yes: Factoring Co. Name _____
SUBMIT NOTICE OF ASSIGNMENT - ASAP

SMS Insurance Requirements:

SMS Listed as Certificate Holder - Fax Copy

Auto Liability - 1,000,000 () Yes () No
Cargo - 100,000 () Yes () No

TRADE REFERENCES

COMPANY NAME: _____ TELEPHONE NO: _____ FAX NO.: _____
COMPANY NAME: _____ TELEPHONE NO: _____ FAX NO.: _____

Signature

Date

Title