



P.O. Box 8100, San Antonio, TX. 78208 * (210) 447-3629 * FAX (800) 809-9976

CARRIER SETUP FORM

CARRIER INFORMATION:

Legal Name: _____ Phone: _____

Other Name: (If Applicable) _____ MC# _____

Brokerage Authority: () Yes () No

Physical Address _____ City _____ State/Zip _____

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

TRANSPORTATION REFERNCES

COMPANY NAME: _____

COMPANY NAME: _____

TELEPHONE NO: _____

TELEPHONE NO: _____

FAX NO.: _____

FAX NO.: _____

Signature

Date

Title