



## New Carrier – Account Profile

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

Dear Carrier:

CorTrans Logistics, LLC. looks forward to building a successful relationship with your company. To provide your company exceptional service, please take a moment to complete the information below. The information will be kept on file as a tool to use when booking future loads.

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

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

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

Website: \_\_\_\_\_

\_\_\_\_\_

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

Federal Motor Carrier Safety Administration Rating: (chosed one) Satisfactory ☐ Unsatisfactory ☐ None ☐

Hazmat Certified: ☐ Yes ☐ No 24hr Dispatch ☐ Yes ☐ No

### Contact Information:

Executive Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Finance Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Dispatch 1: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Dispatch 2: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

24hr Dispatch Phone #: \_\_\_\_\_

### Additional Information:

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

Tax ID #: \_\_\_\_\_

\_\_\_\_\_

Terms (i.e. Net 30): \_\_\_\_\_

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

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

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

MC#: \_\_\_\_\_

Equipment/  
Capabilities  
(enter # of each)

☐ Flatbed ☐ Dry Van ☐ Reefer ☐ Stepdeck ☐ Straight Truck

☐ RGN's ☐ Heavy Haul /  
Multi Axle Trailers ☐ Stretch  
Equipment ☐ Other \_\_\_\_\_

Please list Geographical strong points / preferred lanes:

\_\_\_\_\_

CorTrans Logistics LLC would like to extend to our valued partners discount options for all invoices submitted for payment. Listed below are several options available to your company.

From date of receipt of invoice, your payment will be mailed:

1. Within 7 days at a 5% discount off total invoice charges
2. Within 14 days at a 4% discount off total invoice charges
3. Within 21 days at a 3% discount off total invoice charges
4. Within 30 days at invoiced amount

Mailed Check Payment Option \_\_\_\_\_  
Enter # from above

We also offer expedited mailing options within 48 states as indicated below:

- A. Priority AM Overnight Service for a cost of \$18.00
- B. 2<sup>nd</sup> Day Service for a cost of \$15.00
- C. Standard US Mail for no additional charge

Mailed Check Payment Option \_\_\_\_\_  
Enter letter from above

Please review the options above and make your selections as indicated. The signature below must be an officer of the company or an authorized representative.

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

Company Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please acknowledge your agreement to utilize the electronic signature by initial the consent clause below.

The parties agree that this agreement may be electronically signed. The parties agree that the electronic signatures appearing on this agreement are the same as handwritten signatures for the purposes of validity, enforceability, and admissibility. ☐

Please specify whether you would like to receive emails regarding load availability. ☐ Yes ☐ No

Please include a copy of the following documents when returning these forms.

- W9
- Operating Authority
- Insurance Certificate
- NOA, if applicable
- Any applicable certificates

Carrier Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please upload your forms via the website; email to [ctlspecialized@cortrans.com](mailto:ctlspecialized@cortrans.com) or fax all to 844-700-8275.

**\* Note: Please set your e-mail settings to allow e-mails from the cortrans.com domain in order to receive notifications.**