



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. 2nd 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 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.**