

Instructions: (Please fax or email the completed documents)

dispatch@txcarriers.com

Fax: 1-855-631-4174

- Fill out Carrier profile
- Copy of Common Carrier Authority
Company name must match the name on the certificate of insurance.
- Copy of Carrier's Hazmat Transportation Authority (if Applicable)
- initial every page and sign last page of the broker/Carrier Contract
- Insurance Certificate (See Request for proper insurance)
 - \$250,000 – Cargo Liability (Required)
 - \$1,000,000 – Auto Liability (Required)
 - \$1,000,000 – General Liability (Required)
 - \$100,000 – Loss or damage to Non Owned Liability (Required)
 - **Must show TransX Ltd as ADDITIONAL INSURED**

TransX LTD
2595 Inkster Blvd.
Winnipeg, Manitoba
R3C 2E6, Canada
- Completed W-9 or W-8 form (US Carriers only)



NEW CARRIER SIGN UP REQUEST FORM

Carrier Contact Information

Company Name: _____

Legal Name _____ DBA / Operating Name _____

Physical Address: _____

Street Address _____ Unit # _____

City _____ State/Province _____ ZIP /Postal Code _____ Country _____

Mailing Address: _____

Street Address _____ Unit # _____

City _____ State/Province _____ ZIP /Postal Code _____ Country _____

Work Phone: () _____ Fax: () _____

Toll Free Number: () _____ Dispatch Phone: () _____

Emergency Phone Day: () _____ Emergency Phone Night: () _____

Contact Name: _____

Last Name _____ First Name _____ Email: _____

Company url: _____ Email: _____

Authority				
<input type="checkbox"/> Common	<input type="checkbox"/> Contract	<input type="checkbox"/> Exempt	<input type="checkbox"/> C-TPAT	<input type="checkbox"/> Smart Way

Authority Numbers:		
DOT#	ICC/MC#	SCAC Code
SVI# (C-TPAT)	D&B#	EIN#

Carrier Profile		
Type of Carrier		
<input type="checkbox"/> Asset Based	<input type="checkbox"/> Freight Forwarder	<input type="checkbox"/> 3PL
Company Type		
<input type="checkbox"/> Individual	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership <input type="checkbox"/> LLC
Service Type		
<input type="checkbox"/> LTL	<input type="checkbox"/> TL	<input type="checkbox"/> Intermodal <input type="checkbox"/> Ocean <input type="checkbox"/> Air
<input type="checkbox"/> Local	<input type="checkbox"/> Regional	<input type="checkbox"/> National <input type="checkbox"/> International
Technology		
<input type="checkbox"/> Satellite Tracking	<input type="checkbox"/> XML	<input type="checkbox"/> EDI Capability <input type="checkbox"/> Online Tracking
Fleet Size		
___ Owned / Leased	___ Brokers	___ Teams
Equipment		
___ Reefers	___ Dry	___ Flatbeds ___ Intermodal
Reefer Trailers Length		
___ Straight	___ 45	___ 48 ___ 53
Dry Trailers Length		
___ Straight (24-32")	___ 45	___ 48 ___ 53
Flat Bed Trailers Length		
___ Flatbed	___ Lowboy	___ Drop Deck ___ Double Decker
Intermodal Chassis Length		
___ 20	___ 40	___ 20-40 Combo ___ 20-53 Extendable
Insurance Cargo:		
<hr/>		
<i>Insurance Carrier</i>	<i>Insurance Agent</i>	<i>Policy Number</i>
<hr/>		
<i>Insurance Phone</i>	<i>Insurance Contact</i>	<i>Certificate Requested</i>
<hr/>		
<i>Insurance Amount</i>	<i>Insurance Deductible</i>	<i>Expiration Date</i>
<hr/>		
General Liability:		
<hr/>		
<i>Insurance Carrier</i>	<i>Insurance Agent</i>	<i>Policy Number</i>
<hr/>		
<i>Insurance Phone</i>	<i>Insurance Contact</i>	<i>Certificate Requested</i>
<hr/>		
<i>Insurance Amount</i>	<i>Insurance Deductible</i>	<i>Expiration Date</i>

Reference:		
		()
<i>Company Name</i>	<i>Contact</i>	<i>Phone#</i>
		()
<i>Company Name</i>	<i>Contact</i>	<i>Phone#</i>
		()
<i>Company Name</i>	<i>Contact</i>	<i>Phone#</i>

Terminal Locations:				
<i>Address</i>	<i>City</i>	<i>State/Province</i>	<i>Zip/Postal Code</i>	<i>Country</i>
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