

CARRIER-PARTNER APPLICATION

(PLEASE COMPLETE THIS FORM AND FAX IT TO 905-696-1978
OR E-MAIL TO: accounting@wellingtonmotorfreight.com)

GENERAL INFORMATION		
LEGAL NAME OF COMPANY:		
PHYSICAL ADDRESS:		
CITY:	PROV/STATE:	POSTAL/ZIP:
PHONE:	FAX:	
TYPE OF BUSINESS:		
MC NUMBER:	USDOT:	
NAMES OF OWNERS/DIRECTORS:		
DATE ESTABLISHED:		
DISPATCH CONTACT NAME:		
PHONE:	CELL:	FAX:
AFTER HOURS CONTACT NAME:		
PHONE:	CELL:	FAX:
INSURANCE – The carrier agrees to carry and maintain the following; Public Liability Insurance of \$2,000,000. Property Damage Insurance of \$2,000,000. Cargo Insurance of \$250,000 and Workers Compensation of \$1,000,000		
PLEASE READ CAREFULLY AND ANSWER THE FOLLOWING		
1. Is your company CT-PAT certified? YES ___ NO ___		
2. Does your company have sole use of its yard/storage facilities? YES ___ NO ___ If “NO”, please list tenants/partners along with contact name/phone number.		
NAME _____ PHONE _____		
3. Has your company been in business under the same legal name for 5 years or more YES ___ NO ___		
4. Are you a bonded in Canada? YES ___ NO ___		
5. Are you bonded in the United States of America? YES ___ NO ___		
6. How many trucks does your company have? _____		
7. How many trailers does your company have? _____		
8. How many drivers does your company have? _____		
9. Have you ever hauled Alcohol / Electronics? YES ___ NO ___ If “YES”, please briefly explain what measures of security are applied to ensure the safe transportation and storage of high valued goods.		

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TRANSPORTATION REFERENCES		
1. NAME:	PHONE:	
ADDRESS:		
CITY:	PROV/STATE:	POSTAL/ZIP:
2. NAME:		
ADDRESS:		
CITY:	PROV/STATE:	POSTAL/ZIP:
3. NAME:		
ADDRESS:		
CITY:	PROV/STATE:	POSTAL/ZIP:
BANKING INFORMATION		
BANK NAME:		
ADDRESS:		
CITY:	PROV/STATE:	POSTAL/ZIP:
ACCOUNT NUMBER:		
ACCOUNT MANAGER:		
PHONE:	FAX:	EMAIL:
GST NUMBER:		PST NUMBER:
<p>CONSENT: I/we made the above representations and certify that the above information is true and complete to the best of my/our knowledge. I/we hereby give authorization to obtain a consumer credit report to investigate any reference herein listed and to investigate any other sources pertaining to.</p>		
<p>APPLICATION IS NOT COMPLETE UNTIL SIGNED</p>		
COMPANY:		
NAME OF AUTHORIZED PERSON:		DATE:
AUTHORIZED SIGNATURE:		DATE:
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