

CarsArrive Network

TRANSPORTER'S ACCOUNT APPLICATION FORM

Instructions:

1. Please complete each line; this is used to set up your account.
2. Please print the requested information
3. Please sign below to indicate the accuracy of this information

Company Name: _____

Address: _____

City, St. & Zip: _____

Contact Person: _____

Contact Number: (_____) _____ Office ____ Cell ____

Alternate Contact Person: _____

Alternate Number (_____) _____ Office ____ Cell ____

Fax Number: (_____) _____ Alternate Fax; (_____) _____

Number of Trucks [_____] Number of Cars You Can Transport Per Truck [_____]

Primary E-Mail Address: _____ @ _____

Alternate E-Mail Address: _____ @ _____

Requested User ID: _____ Requested Password: _____

Pament: Invoice (14-21 days) _____ or Comchek (\$25.00 fee / 24-48 Hours) _____

Cargo Insurance Company: _____

Agent's Name: _____ Agent's Phone: (_____) _____

ICC Number: MC: _____ DOT Number: _____

I give my permission to CarsArrive Network to be named as a Certificate Holder on my Insurance Policies, and to discuss my insurance coverage with prospective auto shippers.

I hereby give these consents and permissions and certify the accuracy of the above information:

Signature: _____

Printed Name and Title: _____