



P.O. Box 792 ~ Weaverville, NC 28787 ~ Ph. 828-645-9828 ~ Fax 828-645-9830

www.cargotransit.com

Please forward the following items which are needed to complete your setup with Cargo Transit, Inc.

1. Your **Insurance Certificate** with Cargo Transit, Inc. listed as certificate holder for:
 - a. Auto Liability coverage – minimum coverage of \$1,000,000
 - b. Cargo coverage – minimum coverage of \$100,000
2. A copy of your **Operating Authority**
3. A Completed and Signed **Broker-Contract Carrier Agreement (All 3 pages)**
 - **Page 1** – first paragraph complete with your company name, address, and MC #.
 - **Page 3** – Signature line is to have the **PHYSICAL SIGNATURE** (like your signature on a check) *including the signer's first and last name.*
 - Also, on the contract below the signature line complete the following:
 - **Print Name:** complete by printing the signer's first and last name.
 - **Carrier:** complete with your company name.
 - **Title:** complete with the title of the person signing the contract.
 - **Date:** complete with the date the contract is signed.
4. A Completed and Signed **Carrier Profile**
 - Be sure to fill out this form completely, then sign and date it to ensure that there is no delay in setup.
5. Completed and Signed **W-9 **Dated in the Current Year****
 - Note, the IRS requires that we have on file a W-9 dated within the current year, therefore, we cannot accept a W-9 if it is not signed and dated within the current calendar year.

***Please note we will be unable to process your company for setup until all the above information is received.
Please fax all items listed above to 828-645-9830.***

Thank you!

DBE CERTIFIED
Moving America Forward

**** Do not send this page back to Cargo Transit, Inc. ****