



This section is for AgCom Logistics Office use only

New	<input type="checkbox"/>	TL	<input type="checkbox"/>	AP #	_____
Maintenance	<input type="checkbox"/>	LTL	<input type="checkbox"/>	Effective Date	_____

VENDOR / FREIGHT CARRIER INFORMATION	CARRIER TYPE
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Vendor Name: _____ Federal ID: _____ USDOT Number: _____ MC Number: _____ Payment Terms: _____ Net Days	Please indicate by placing an X on the appropriate line Asset Based: <input type="checkbox"/> Broker: <input type="checkbox"/> Asset based defined as: Carrier has <u>own</u> equipment
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REMITTANCE (PAYMENT) INFORMATION	PRIMARY CONTACT INFORMATION
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Vendor Name: _____ Address Line 1: _____ Address Line 2: _____ City: _____ State: _____ Zip: _____ Contact Name: _____ Telephone #: _____ Fax Number: _____ Email Address: _____	Same as payment address: <input type="checkbox"/> Address Line 1: _____ Address Line 2: _____ City: _____ State: _____ Zip: _____ Contact Name: _____ Telephone #: _____ Fax Number: _____ Email Address: _____
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EQUIPMENT	INSURANCE
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Number of Tractors: _____ Owned: _____ Leased: _____ GPS Tracking: <input type="checkbox"/> Yes <input type="checkbox"/> No Number of Trailers: _____ Hoppers: _____ Pneumatic: _____ Any other types: _____	Primary Insurer**: _____ Insurance Contact: _____ Insurance Phone: _____ Exp. Date _____ General Liability: \$ _____ Auto Liability: \$ _____ Excess Liability: \$ _____ Cargo: \$ _____ Excess Cargo: \$ _____
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** Please attach a copy of your Certificate(s) of Insurance with this form. By signing you agree to include AgCom Logistics LLC as additional insured under your Commercial General Liability policy with respect to liability due to injury or damage arising out of services provided.

Type Company Representative Name	AgCom Logistics Approver's Signature
Company Representative's Signature	AgCom Logistics Approver's Signature

