



CARRIER ONBOARDING PACKET

Complete this packet to begin working with 7 Grands Logistics LLC as an authorized carrier.

SECTION 1 — COMPANY INFORMATION

Legal Company Name	
DBA (if applicable)	
MC Number	
DOT Number	
Tax ID / EIN	
Date Authority Issued	
Physical Address	
City / State / ZIP	
Mailing Address	
City / State / ZIP	

SECTION 2 — PRIMARY CONTACT

Owner / Manager Name	
Title / Position	
Primary Phone	
Alternate Phone	
Email Address	
Fax Number	

SECTION 3 — EQUIPMENT INFORMATION

Equipment Type(s)	<input type="checkbox"/> Box Truck <input type="checkbox"/> Dry Van <input type="checkbox"/> Reefer <input type="checkbox"/> Flatbed <input type="checkbox"/> Hotshot <input type="checkbox"/> Other
Number of Power Units	
Number of Trailers	
Max Weight Capacity	
Max Length / Dimensions	
Preferred Lanes / States	

SECTION 4 — INSURANCE REQUIREMENTS

MINIMUM: AUTO LIABILITY \$1,000,000 | CARGO \$100,000 | GENERAL LIABILITY \$1,000,000

Insurance Company Name	
Policy Number	
Agent Name	



Agent Phone	
Policy Effective Date	
Policy Expiration Date	
Auto Liability Limit	
Cargo Coverage Limit	

Certificate of Insurance must name 7 Grands Logistics LLC as certificate holder.

SECTION 5 — BANKING / PAYMENT INFORMATION

Bank Name	
Account Holder Name	
Routing Number	
Account Number	
Account Type	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Preferred Payment	<input type="checkbox"/> Direct Deposit <input type="checkbox"/> Check <input type="checkbox"/> Quick Pay
Quick Pay Fee Accepted?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 6 — DOCUMENTS CHECKLIST

- Copy of MC Operating Authority
- Certificate of Insurance (7 Grands Logistics LLC as certificate holder)
- Signed W-9 Form
- Signed Dispatch Service Agreement
- Copy of Driver's License (Owner / Operator)
- Voided Check (for direct deposit setup)

SECTION 7 — AUTHORIZATION & SIGNATURE

By signing below, I/we certify all information is accurate and authorize 7 Grands Logistics LLC to negotiate freight rates on behalf of the above carrier.

_____	_____	_____
Carrier Signature	Printed Name	Date

_____	_____	_____
7 Grands Representative	Printed Name	Date