



Independent Contractor Information

Thank you for your interest in working with TransMet Logistics USA. To help us better understand your background and match your experience with the right delivery opportunities, please provide the following information.

Legal Business Name:

Primary Contact Name:

Telephone Number:

Email Address:

Best Day and Time to Be Reached:

Do You Operate Under an EIN? (Yes / No):

Delivery Vehicle(s) (Year / Make / Model / Box or Van Type):

Current Delivery Services:

Primary Area of Service:

Availability (Days, Nights, Weekends, Dedicated Routes):

Years of Delivery or Transportation Experience:

Delivery Applications / Proof of Delivery Used:

A member of our team will review your information and follow up if there is a potential opportunity that aligns with your equipment and capabilities. Please email the completed form to dealer@transmetusa.com