



New Transportation Vendor Information Packet

Please provide the following information to set up new carrier.

Detailed contact information

Company name
Business Type (Corp, Partnership, LLC?)
Mailing address
Email address
Phone
Fax
Cell Phone
Contact Name

CA#
DOT#
ICC#
MC#
Tax id#

Insurance carrier

Certificate of insurance & Liability insurance

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e-mail to: info@customproducesales.com