



Logistics

A Better Way to Handle Your Freight

New Carrier Information Form

Carrier Name: _____ Telephone: _____

Toll Free: _____ Fax: _____

Remittance Address: _____

City: _____ Province/State: _____ Postal/Zip: _____

Check here if Physical Address is same as mailing address, if not, please include physical address in list of terminals/locations on second page

Dispatch Contact #1: _____ Email: _____

Dispatch Contact #2 _____ Email: _____

Emergency Contact # (must be different than office #): _____

Hours of Operation: _____ Operations Manager: _____

Accounting Contact: _____ Tel: _____ Ext. _____

Canadian Provinces

- | | | | | |
|-----------------------------|-------------------------------|------------------------------|-----------------------------|-----------------------------------------------|
| <input type="checkbox"/> AB | <input type="checkbox"/> BC | <input type="checkbox"/> PEI | <input type="checkbox"/> ON | <input type="checkbox"/> United States |
| <input type="checkbox"/> SK | <input type="checkbox"/> MB | <input type="checkbox"/> PQ | <input type="checkbox"/> NS | <input type="checkbox"/> Alaska |
| <input type="checkbox"/> NB | <input type="checkbox"/> NFLD | | | <input type="checkbox"/> Mexico |

MC # _____ USDOT _____

Most Desired Destinations (Outbound):

Most Desired Destinations (Inbound):

Equipment Description and Quantity: (Please check all that apply)

- 53' Flat Deck # _____ 53' Step # _____ Step w/Levelers # _____
- 48' Flat Deck # _____ 48' Step # _____ 53' Dry Van # _____
- 48' Reefer # _____ 53' Reefer # _____ 53' Roll Tite # _____
- Tri-Axle # _____ Multi-Temp # _____
- Can Reefers Download Temperature Profiles? Yes / No
- Other (Please specify) _____

Number of Power Units _____ Company _____ Owner/Operators _____

Check all that apply:

- Customs Bonded Carrier CDN# _____ US# _____
- CSA Certified _____ FAST Certified _____ PIP Certified _____
- CTPAT Certified SVI # _____ Hazmat (US?CDN) _____
- Teams Service FTL LTL
- Other (Please specify) _____

How do you communicate with your Drivers?

- Satellite Cell Pager Other (Please specify) _____

Locations of other terminals and/or yards:

Return this form by fax 204-633-7779 or email dispatch@g2logistics.com along with:

- 3-4 Service References (contact name/phone #)
- Copies of your Insurance
- Copies of Operating Authorities (i.e. DOT/MC/EIN (W9)/SCAC/CVOR/RIN)
- Proof of Workman's Compensation Coverage, if you are exempt, provide a signed letter of exemption on company letterhead.

Thank you for your interest in partnering with G2 Logistics, we look forward to working with you.

Available truck list can be emailed to dispatch@g2logistics.com

975 Logan Ave
Winnipeg, MB R3E 1P3
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Brokerage ◇ Third Party Logistics ◇ Warehousing
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