

Instructions: (Please fax or email the completed documents)

dispatch@txcarriers.com Fax: 1-855-631-4174

0	Fill out Carrier profile
0	Copy of Common Carrier Authority Company name must match the name on the certificate of insurance.
0	Copy of Carrier's Hazmat Transportation Authority (if Applicable)
0	initial every page and sign last page of the broker/Carrier Contract
0	Insurance Certificate (See Request for proper insurance) \$250,000 – Cargo Liability (Required) \$1,000,000 – Auto Liability (Required) \$1,000,000 – General Liability (Required) \$100,000 – Loss or damage to Non Owned Liability (Required)
•	Must show TransX Ltd as ADDITIONAL INSURED
	TransX LTD 2595 Inkster Blvd. Winnipeg, Manitoba R3C 2E6, Canada
0	Completed W-9 or W-8 form (US Carriers only)





NEW CARRIER SIGN UP REQUEST FORM

					Carrier C	ontact Info	ormatic	n													
Company Name:																					
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Mailing																					
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Work																					
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TX LOGISTICS SERVICES

			C	arrier	Profile		
Туре	e of Carrier						
	Asset Based		Freight Forwarder		3PL		
Com	npany Type						
	Individual		Corporation		Partnership		LLC
Serv	vice Type	_		_			
	LTL		TL		Intermodal		Ocean
	Local		Regional		National		International
Tech	hnology						
	Satellite Tracking		XML		EDI Capability		Online Tracking
Flee	t Size	_		_	_		
	Owned / Leased		Brokers		Teams		
Equi	ipment						
			Dry		Flatbeds		Intermodal
Reef	fer Trailers Lengt	h					
			45		48		53
Dry	Trailers Length						
	. . ,		45		48		53
Flat	Bed Trailers Leng	gth					
	Flatbed		· ,		Drop Deck		Double Decker
Inter	rmodal Chassis L	.engtl	n		00.40		
	20		40		20-40 Combo		20-53 Extendable
Insu	rance Cargo:						
Insur	ance Carrier			Ins	surance Agent		Policy Number
Insur	ance Phone			Ins	surance Contact		Certificate Requested
Insur	ance Amount			Ins	surance Deductible	е	Expiration Date
Gen	eral Liability:	_		_		_	
Insur	ance Carrier			Ins	surance Agent		Policy Number
Insur	ance Phone			Ins	surance Contact		Certificate Requested
Insur	ance Amount			Ins	surance Deductible	e	Expiration Date



TX LOGISTICS SERVICES

Reference:		
		()
Company Name	Contact	Phone#
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Company Name	Contact	Phone#
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Company Name	Contact	Phone#

Terminal Locations:				
Address	City	State/Province	Zip/Postal Code	Country
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