



3924 Arro Del Sol, Schertz, TX 78154
(903)280-7878 Cell (210)215-1505
customerservice@urtruckbroker.org

What we offer Carriers and Owner Operators

To complete this application download and save to your desktop then open with Adobe

1. Cost Plus Fuel Card



We use SevenOaks Capital Associates LLC

2. Checks mailed in 21 days

3. 2 day quick pay

4. Permit service

5. Load planning (pre-plan return load finding service)

6. Truck and Fleet Management

7. Government Freight

8. Trip Planning

9. EFS Fleet services

10. Insurance discounts (group rates)

11. Submit paperwork via Fax, eMail, or Smart Phone

12. Direct Deposit or EFS express code

13. 40% Fuel Advance once pickup is confirmed

14. Free secure eMail address

15. Free Website and hosting.

16. Sams club membership for drivers that haul 2 or more loads per year.

LET URTRUCKBROKER BE YOUR BROKER OF CHOICE!

CARRIER ID _____

AGENT:

URTRUCKBROKER CORP



3924 Arro Del Sol, Schertz, TX 78154
(903)280-7878 Cell (210)215-1505
customerservice@urtruckbroker.org



Carrier:

To:

Fax:

Subject: Transportation Contract Carrier eMail:

From: CONTRACT DEPT.

-

CONTRACT INSTRUCTIONS:

Complete this contract and return before hauling for UrTruckBroker.

Use Black or Blue ink only if filling out by hand, Initial each section of agreement and Sign

Page 16 must be signed by an Officer of the company

The ACH form is mandatory, if you factor fill it out with their ACH information, no load dispatched until complete.

Fax all pages back to us at 1-207-561-6498. or eMail to accounts@urtruckbroker.com

Include:

Copy of Authority
W-9

Copy of insurance listing UrTruckBroker Corp as certificate holder, Request for insurance verification form must be filled out completely.

UrTruckBroker Corp
45 Dyke Thomas
Texarkana, Tx 75501

Fill out Carrier Profile.

No changes to the contract terms are permitted without permission

UrTruckBroker will execute your signed contract and fax or mail our signature copy back to you.

URTRUCKBROKER CORP

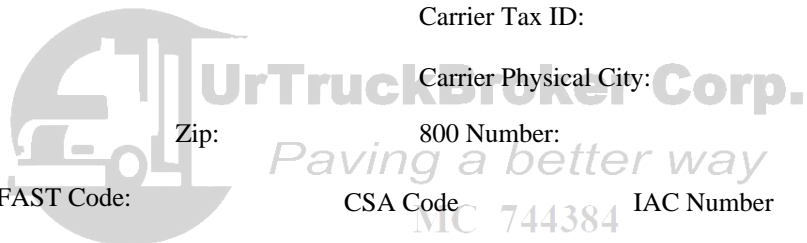
Carrier Agreement

US DOT 2248692

ICC MC 744384

Representative Initial:

Carrier ID Agent Title:
 DOT: MC: MC State ID
 Carrier Name: Carrier Mailing
 Carrier Phone: Carrier City:
 Carrier After Hours:
 Carrier Fax: Carrier State: Carrier Zip:
 Carrier eMail:
 Carrier Title: Day: Month: Year;20
 Carrier Contact: Carrier Insurance Agent
 Carrier Insurance: Insurance Phone;
 Insurance Fax: Carrier Tax ID: EIN SSN
 Carrier Physical: Carrier Physical City:
 Carrier Physical State; Zip: 800 Number:
 SCAC Code: FAST Code: CSA Code MC 744384 IAC Number IAC Date
 DBA Name: Minority Certification:
 Carrier Website: Mimority Cert Num



Factoring? Please fill in their Direct Deposit information so they can get paid on time.

Remit to	Account name
Routing Nu	Account Nu
Bank Name	Direct Deposit Info is Mandatory
Factor Name	Carrier or Factor Company

Quick Pay:	Standard Pay:	Factoring:	ACH:	EFS	
Business Type:	Sole Proprietor	Partnership	LLC	Corporation	S Corp
Woman Owned	Yes NO	Veteran Owned	Yes NO	Trust	
Disabled Vet	Yes NO	Minority Owner	Yes NO	Other Tax	
Certified National Minority Supplier Dev Grp	Yes NO				
Asian Pacific American	Asian Indian American		Native American Indian		
Hispanic American	African American		Other (specify)		

CARRIER PROFILE

Carrier ID: _____



<input type="checkbox"/> FID (EIN) / <input type="checkbox"/> SSN		US DOT		<input type="checkbox"/> MC / <input type="checkbox"/> State Permit	
Company Name				Owner Name	
Physical Address		City		ST	Zip
Mailing Address		City		ST	Zip
Remit Payment					
Toll Free		Contact Name			
Local		Contact Title			
Fax		Emergency #			
Operations Email					
Website Address					

Operations & Service Areas Please indicate with a checkmark (✓) all that apply.

<input type="checkbox"/>	All 48 States	<input type="checkbox"/>	Canada	<input type="checkbox"/>	Mexico	<input type="checkbox"/>	Only Intrastate Hauling
<input type="checkbox"/>	Coil Racks	<input type="checkbox"/>	Container Locks	<input type="checkbox"/>	Liftgate	FAST Code:	
<input type="checkbox"/>	Ramps	<input type="checkbox"/>	Sidekits	<input type="checkbox"/>	Tarps	CSA Code:	
<input type="checkbox"/>	Satellite Enabled	<input type="checkbox"/>	Teams	<input type="checkbox"/>	UPS Carrier	SCAC Code:	
<input type="checkbox"/>	Trailer Spotting	<input type="checkbox"/>	Power Only Svcs				
<input type="checkbox"/>	Number of Power Units	<input type="checkbox"/>	Exempt Carrier	For future reference, call this number to communicate changes in your equipment types and service areas: 903-280-7878			

Equipment Types				Special Services	Certifications
Please indicate	Qty	Length	Axles	Rail Drayage	HAZMAT Certified <input type="checkbox"/> Yes <input type="checkbox"/> No
VAN	_____	_____	_____	Port Drayage	ACE Enabled <input type="checkbox"/> Yes <input type="checkbox"/> No
LOGISTICS VAN	_____	_____	_____	LTL (tariff-based)	C-TPAT Member <input type="checkbox"/> Yes <input type="checkbox"/> No
REEFER	_____	_____	_____	Expedited Ground	TWIC Cardholder <input type="checkbox"/> Yes <input type="checkbox"/> No
CONTAINER	_____	_____	_____	Air Freight Cartage	TSA Registered <input type="checkbox"/> Yes <input type="checkbox"/> No
FLAT	_____	_____	_____	Other:	IAC Number:
STEPDECK	_____	_____	_____		IAC Expire Date:
DOUBLEDROP	_____	_____	_____	List Codes of Airports / Ports Served:	
LOWBOY (# of Axles)	_____	_____	_____		
STRAIGHT TRUCK	_____	_____	_____		
CUBE TRUCK	_____	_____	_____		
CARGO VAN	_____	_____	_____		
TANKER	_____	_____	_____		
DUMP	_____	_____	_____		

List special services or areas of service: