driving the road ahead

CARRIER PROFILE

Please return to:
UNITED WORLD CARGO LIMITED
Suite 201-221 West Esplanade Avenue
North Vancouver, BC V7M 3J3
Toll Free Tel: (877) 273-7400
Toll Free Fax: (866) 986-7401

Your Complete Logistics Solution

Company Name: _____

Company Address: _____
Street City Province/State

_____
Postal/Zip Code Country

Phone Number: _____ Fax Number: _____

Type: (please circle one) Sole Proprietorship Partnership Corporation

Name of Owner(s)/President: _____

Name of Director(s): _____

Incorporation #: _____ GST/VAT or Federal ID No.: _____

Country/State of Incorporation: _____ DUNS No.: _____

SmartWay Member: (please circle one) Yes No

PREFERRED LANES (by "Origin to Destination")

Lane 1 _____ Lane 2 _____

Lane 3 _____ Lane 4 _____

Lane 5 _____ Lane 6 _____

BROKER/CUSTOMER REFERENCES (Please provide at least three):

1. Company Name: _____ Account Contact Name: _____
Address: _____ Phone No.: _____
_____ Fax No.: _____

2. Company Name: _____ Account Contact Name: _____
Address: _____ Phone No.: _____
_____ Fax No.: _____

3. Company Name: _____ Account Contact Name: _____
Address: _____ Phone No.: _____
_____ Fax No.: _____

PLEASE ATTACH THESE DOCUMENTS:

- ☐ Copy of Signed and dated Broker Carrier Agreement
- ☐ Copy of Cargo Insurance Including Policy **Exclusions** Page
- ☐ Copy of Automobile Liability Insurance
- ☐ Commercial General Liability Insurance
- ☐ Copy of Workers Compensation Letter of Good Standing
- ☐ Copy of National Safety Code Certification
- ☐ Copy of Registration
- ☐ Copy of completed Carrier Profile

The undersigned authorizes United World Cargo Limited to obtain trade and bank references as indicated in the application.

Signature: _____ **Date:** _____
Authorized Agent/Officer of the Applicant Company

Web Version