

Carrier Set Up Checklist

v

W9 Form

Broker Carrier Agreement

Operating Authority (DOT#/MC#)

Certificate of Insurance for Liability and Motor Cargo Coverage

Certificate Holder as Follows:

PTI Transportation

1800 Rainier Place Ste 102

Union Gap, WA 98903

Payment Options:

Regular Pay 14-21 Days

Quick Pay Upon BOL Receipt w/4% Fee Deduction

Check

Direct Deposit (Complete ACH Form & Provide Blank Voided Check)

Carrier Contact Information

Name

Street/PO Box

City, State, Zip

Cell #

Email

Fax #
