



CARRIER CERTIFICATION REQUIREMENTS SHEET

801 Bass Blvd

Edinburg, TX 78542

8000 IH 10 West Ste. 600

San Antonio, TX 78230

Ph: (888) 318-6848

Fax: (888) 308-4001

Email: info@excellence-transport.com

Carrier: _____

Location: _____

Phone: _____

Fax: _____

Excellence Transport, LLC welcomes your interest to becoming an approved Carrier for our company. We are confident you will find E.T. an easy company to do business with. The attached carrier packet includes information about E.T., along with various forms that you will need to fill out in order to be processed.

This packet contains:

- Carriers Cert. Requirements sheet
- Carrier Profile Sheet
- Broker/Carrier Agreement (Transportation contract)
- Request for Insurance Certificate Form: to fax to your Insurance Company
- Blank W-9
- Payment Options

After you have filled out the Carrier Profile and signed the Broker Carrier Agreement you must fax all the forms to Excellence Transport, LLC. at (888) 308-4001. We will not be able to dispatch a carrier or tender any freight until this information is received and input in our system.

Must fax the following documents:

1. The complete Carriers Profile Sheet & Broker/Carrier Agreement (Transportation Agreement)
2. Filled out W-9
3. A copy of your operating authority (MC #)
4. An active Insurance Certificate showing current coverage with minimum amounts of:
 - a. \$100,000 Cargo coverage showing deductibles & reefer breakdown coverage if you are hauling reefer loads and listing any exclusions.
 - b. \$1,000,000 General Liability
5. Certificate of insurance listing Excellence Transport, LLC as the Certificate holder in the Carrier's policy.
6. Copy of your Driver's License

Any questions regarding these procedures please email info@excellence-transport.com



CARRIER CODE ISSUED: _____

CARRIER PROFILE SHEET'

General

Company Name: _____

Main Contact: _____ Main Contact Email Address: _____

MC# _____ DOT _____ #Years in Business _____

Physical Address: _____

City: _____ State/Province: _____ Postal Code: _____

Phone # _____ Fax # _____

Remit to Address: _____

City: _____ State/Province: _____ Postal Code: _____

Organization type: ____ Individual/Sole proprietor ____ Corporation ____ Partnership ____ LLC

Federal Safety Rating: _____

Bank information (Deposit only)

Bank Name: _____ Name on Account: _____

Type of Account. • Business _____ • Personal _____

Routing # _____ Account # _____

Checking _____ Savings _____

Please Notify us in writing if there are any changes to the information provided above. This will enable us to input your company into our system accurately and rapidly.

Signature _____

Title: _____

Print: _____ Date: _____

(Attach copy of voided check)



PAYMENT OPTIONS

Standard Pay 28 days- No Charge

Paper Check- Payment will be mailed with the US Post Office.

Direct Deposit- ACH deposit. No charge

Quick Pay 48 hours

Wire transfer fees- \$30 per transaction

3% processing fee to be deducted from the rate confirmation total.

Direct Deposit ACH- No charge (Carrier must provide a company voided check)

Advances

EFS or COM Check- This payment method fee is \$35 per EFS or Com check money code (limit \$2000 per check) this payment method is strictly for fuel advances and lumper payments only. BOLs must be emailed or faxed in a PDF format for verification prior to the advance disbursement.

Rate Confirmations- **A payment option must be checked off, signed and emailed in PDF format prior to loading. This will avoid delays with fuel advances and payment processing.**

**The standard time for processing payment is 28 days after we receive your Bill of Ladings, However this may vary depending on the payment method selected and the time it takes the Broker to resolve any issues stated on the BOL. Any paperwork received after 3:00p.m., will be processed the next business day. All loads must have an EXCELLENCE TRANSPORT, LLC Trip Number (Effective 01-01-2016) for prompt processing.*