



CARRIER ONBOARDING

EMAIL: ACCOUNTING@roundingthirdlogistics.com

CARRIER INFORMATION

COMPANY NAME:

ADDRESS:

CITY, STATE, ZIP:

CONTACT NAME:

PHONE NUMBER:

EMAIL ADDRESS:

INSURANCE REQUIREMENTS:

- ACTIVE CARGO INSURANCE
- GENERAL LIABILITY INSURANC
- CERTIFICATE OF INSURANCE (ATTACH COPY)

OPERATING EXPECTATIONS

- ON-TIME PICK UP AND DELIVERY
- PROFESSIONAL COMMUNICATION AND RESPONSIVENESS
- PROPER HANDLING OF FREIGHT

PAYMENT DETAILS:

- STANDARD PAYMENT TERMS (net 30 days)
- QUICK PAY OPTIONS MAY BE AVAILABLE

AGREEMENT

BY ACCEPTING LOADS FROM ROUNDING THIRD LOGISTICS, YOU AGREE TO OPERATE SAFELY, LEGALLY AND PROFESSIONALLY.

SIGNATURE:

DATE: