

NEW CARRIER SETUP

CARRIER NAME: _____
CONTACT: _____
PHONE #: _____
FAX #: _____
MC #: _____
EMAIL: _____
BILLING EMAIL: _____
EQUIPMENT CT:

V	R	F	SD	OTHER
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INSURANCE: _____



Mike Young
V.P. of Logistics
D: 308-398-8582
F: 308-398-9582
myoung@gixlogistics.com

www.giexpress.com

PLEASE SEND THE FOLLOWING INFORMATION FOR SETUP:

- 1 **W-9 Showing PHYSICAL ADDRESS and MAILING ADDRESS**
- 2 **Contract or common carrier authority**
- 3 **Insurance listing GIX LOGISTICS INC as certificate holder**
****Include general liability, auto liability, and reefer breakdown on certificate, if included on policy**

INSURANCE SHOULD READ:

GIX LOGISTICS INC
PO BOX 1845
GRAND ISLAND, NE 68802
ATTN: MIKE

FAX DIRECTLY TO:

308-398-9582

- 4 **3 Trucking References with CONTACT NAMES and PHONE NUMBERS**
(Companies that you have hauled for previously)

1 _____
2 _____
3 _____

****Please fax this document back to 308-398-9582 to become a carrier for GIX Logistics.**