



CARRIER PROFILE
RG Transportation Services Ltd.

1351 Speers Road
Oakville, ON L6L 2X5

PHONE: (905) 842-6158 FAX: (905) 842-0484

This sheet **MUST** be filled out completely in order to facilitate payment of carrier bills.

CARRIER: _____ YEARS IN BUSINESS: _____
ADDRESS: _____ FUEL SURCHARGE: _____
PROVINCE: _____ PRINCIPLE: _____
POSTAL CODE: _____ EMAIL: _____

DISPATCH:

PHONE: _____ FAX: _____ HOURS: _____
CONTACT NAMES: _____ RATES: _____
AFTER HOURS #: _____ AR/AP CONTACT: _____

*******IMPORTANT*******

ARE YOU A "FAST" APPROVED CARRIER: _____ (if yes please provide a copy of your FAST certificate)

DO YOUR DRIVERS HAVE A VALID TWIC CARD?: _____

ARE YOU A MEMBER OF C-TPAT?: _____

The following information is required for our records, this will be kept **CONFIDENTIAL**.

We must have a copy of the following documents on file in order to enter your company in our computer, please check off the information you are submitting:

- ___ Operating Authorities
- ___ Current Insurance (must know cargo amount)
- ___ ICC
- ___ NIR (QC Shipments)
- ___ WSIB (if you do not have, please send on your letterhead that you are owner/operators)
- ___ CSST (Pour Quebec Sculment)

NAME OF FACTORING CO. IF APPLICABLE: _____

ADDRESS: _____

EQUIPMENT PROFILE:

Company Tractors: _____ Straight Trucks: _____ Owner Operators: _____ Lift/Tail Gates: _____

	VANS	REEFERS	FLATS	R&T	S DECK	LOW BOYS	B-TRAIN
53'	_____	_____	_____	_____	_____	_____	_____

48'	_____	_____	_____	_____	_____	_____	_____
-----	-------	-------	-------	-------	-------	-------	-------

US Bond _____ CDN Bond _____ Haz. Materials _____ Secured Yard _____

Heat _____ Satellite/Cell Phone _____

Areas Served: _____

ALL SURCHARGES MUST BE STATED AT TIME OF BOOKING

ALL INVOICES MUST SHOW OUR LOAD NUMBER GIVEN AT THE TIME OF BOOKING

SIGNED PROOF OF DELIVERY (SHIPPERS COPY IF AVAILABLE) MUST ACCOMPANY ALL BILLS

ONLY ONE SHIPMENT PER INVOICE