



Carrier Name: \_\_\_\_\_

MC #: \_\_\_\_\_ DOT #: \_\_\_\_\_ DOT Rating: \_\_\_\_\_

Federal ID Number: \_\_\_\_\_

Applicant (Legal Name): \_\_\_\_\_

Address (Street, City, State, and Zip): \_\_\_\_\_

Payment Address (if different) \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Business Type:  Corporation  Partnership  LLC  LLP

State of Incorporation: \_\_\_\_\_ Date of Incorporation: \_\_\_\_\_

W9 Form  Please attach

Certificate of Insurance

Please attach with the following wording and Flex Point Logistics as the Certificate Holder

**Flex Point Logistics  
LLC913 Ridge Brook  
Road Sparks MD  
21152**

Do you Factor? No  Yes  If yes, factor company name: \_\_\_\_\_

DOT Authority: \_\_\_\_\_

SCAC Code: \_\_\_\_\_

Common Area of Operation: \_\_\_\_\_

Equipment: \_\_\_\_\_

Insurance: Coverage meets or exceeds Federal and State requirements

Liability: \_\_\_\_\_ Cargo: \_\_\_\_\_

Has the corporation, Owner, or Principals sought protection of bankruptcy courts within the past 7Years? No  Yes

Are there any pending lawsuits? No  Yes

Please provide details if any:

Sign Name: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_