



driving the road ahead

CARRIER PROFILE

Please return to:
UNITED WORLD CARGO LIMITED
Suite 201-221 West Esplanade Avenue
North Vancouver, BC V7M 3J3
Toll Free Tel: (877) 273-7400
Toll Free Fax: (866) 986-7401

Your Complete Logistics Solution

Company Name: _____

Company Address: _____
 Street City Province/State
 Postal/Zip Code Country

Phone Number: _____ Fax Number: _____

Type: (please circle one) Sole Proprietorship Partnership Corporation

Name of Owner(s)/President: _____

Name of Director(s): _____

Incorporation #: _____ GST/VAT or Federal ID No.: _____

Country/State of Incorporation: _____ DUNS No.: _____

BANK REFERENCES/INFORMATION:

Name of Bank: _____ Name of Bank Contact: _____

Address: _____ ABA/Swift Code: _____

Account No.: _____

BROKER/CUSTOMER REFERENCES (Please provide at least three):

1. Company Name: _____ Account Contact Name: _____
 Address: _____ Phone No.: _____
 Fax No.: _____

2. Company Name: _____ Account Contact Name: _____
 Address: _____ Phone No.: _____
 Fax No.: _____

3. Company Name: _____ Account Contact Name: _____
 Address: _____ Phone No.: _____
 Fax No.: _____

PLEASE ATTACHED THESE DOCUMENTS:

- | | |
|--|---|
| <input type="checkbox"/> Copy of Signed and dated Broker Carrier Agreement | <input type="checkbox"/> Copy of Workers Compensation Letter of Good Standing |
| <input type="checkbox"/> Copy of Cargo Insurance | <input type="checkbox"/> Copy of National Safety Code Certification |
| <input type="checkbox"/> Copy of Automobile Liability Insurance | <input type="checkbox"/> Copy of Registration |
| <input type="checkbox"/> Commercial General Liability Insurance | <input type="checkbox"/> Copy of completed Carrier Profile |

The undersigned authorizes United World Cargo Limited to obtain trade and bank references as indicated in the application.

Signature: _____ **Date:** _____
Authorized Agent/Officer of the Applicant Company