Econel MANAGEMENT

WE DISPATCH. YOU DRIVE. WE GROW TOGETHER.

MORE MILES. BETTER PAY. LESS STRESS.

High-paying loads. Consistent miles. 24/7 support. That's the Econel difference.

MORE LOADS — Consistent freight and better opportunities.

BETTER PAY — Strong rates and on-time weekly payments.

24/7 SUPPORT — We're here day or night when you need us.

NO HIDDEN FEES — Transparent dispatching with zero surprises.

GROW TOGETHER — We help you grow your business to the next level.

REAL PARTNERSHIP — We treat you like family, not just a number.

CARRIER ONBOARDING FORM

PLEASE COMPLETE ALL SECTIONS AND SUBMIT WITH REQUIRED DOCUMENTS.

1. COMPANY INFORMATION

Legal Company Name:

DBA (If any):

Company Address:

City: State/Province: Zip/Postal Code:

Phone: Email:

Business Type: ☐ Corporation ☐ LLC ☐ Partnership ☐ Sole Proprietor

Date Business Started:

OWNER / OPERATOR INFORMATION

Owner/Operator Name: Phone:

Email: Date of Birth:

Driver's License #: State/Province:

Home Address:

City: State/Province: Zip/Postal Code:

AUTHORITY & COMPLIANCE

MC Number: USDOT Number:

CVOR Number (Canada): State Carrier ID #:

NSC (Canada Safety Fitness #): SCAC Code (If any):

Authority Type: ☐ For-Hire ☐ Private ☐ Broker ☐ Other

Cargo Carried: ☐ General Freight ☐ Refrigerated ☐ Hazmat ☐ Flatbed ☐ Other

Do you have TWIC Card? ☐ Yes ☐ No FAST Card / TSA Known Traveler #:

INSURANCE INFORMATION

Insurance Company: Agent Name:

Agent Phone: Policy Expiry Date:

COVERAGE TYPE	LIMIT
Auto Liability:	$
Cargo Insurance:	$
General Liability:	$
Physical Damage:	$

Workers Comp (If applicable): ☐ Yes ☐ No Limit: $

5. EQUIPMENT INFORMATION

Equipment Type: ☐ Dry Van ☐ Reefer ☐ Flatbed ☐ Step Deck ☐ Power Only ☐ Other

Number of Units: Number of Drivers:

Equipment Details (Year/Make/Model):

BANKING INFORMATION (FOR DIRECT DEPOSIT)

Bank Name:

Account Holder Name:

Transit #: Branch #:

Account #:

Account Type: ☐ Checking ☐ Savings

Email for Remittance (If different):

PLEASE ATTACH VOID CHEQUE OR BANK LETTER

7. DISPATCH PREFERENCES

Preferred Lanes:

Home Time Preference: ☐ Weekly ☐ Bi-Weekly ☐ Monthly ☐ Flexible

Load Preferences: ☐ Drop & Hook ☐ No Touch ☐ Live Load/Unload ☐ All

Minimum Rate Requirement: $ / Mile $ / Load

Preferred Contact Method: ☐ Phone Call ☐ Text ☐ Email ☐ WhatsApp

Do you use ELD? ☐ Yes ☐ No ELD Provider:

EMERGENCY CONTACT

Contact Name: Relationship:

Phone: Alternate Phone:

REQUIRED DOCUMENTS CHECKLIST

- ☐ Copy of Driver's License (All Drivers)
- ☐ Copy of MC Authority Letter
- ☐ Copy of USDOT Certificate
- ☐ Copy of CVOR (Canada Only)
- ☐ Copy of NSC (Canada Only)
- ☐ Copy of Insurance Certificate
- ☐ Copy of Vehicle Registration
- ☐ Copy of Annual Inspection (Last 12 Months)
- ☐ Copy of FAST Card / TWIC Card (If Applicable)
- ☐ Copy of W-9 (US) / W-8BEN (If Applicable)
- ☐ Void Cheque / Direct Deposit Form
- ☐ Carrier Agreement (Signed)
- ☐ Rate Confirmation Policy (Signed)

* ALL DOCUMENTS MUST BE CURRENT AND LEGIBLE.

AGREEMENT & AUTHORIZATION

I hereby certify that the information provided above is true and accurate. I authorize Econel Management to verify my authority, insurance, safety record, and references. I agree to the terms of the Carrier Agreement and Rate Confirmation Policy.

Authorized Signature:

Date:

OFFICE USE ONLY

Application Received:

Documents Verified:

Approved By:

Date Approved:

SUBMIT & GET STARTED!

(437)-998-9554

Jordan@econelhr.com

DISPATCHING EXCELLENCE ACROSS CANADA & THE USA

SCAN TO SUBMIT DOCUMENTS

WE HANDLE THE DETAILS. YOU DRIVE. YOU WIN.

LET'S BUILD SUCCESS—TOGETHER.

POWER • PROFIT • PERFORMANCE

YOUR SUCCESS IS OUR MISSION. LET'S MOVE MORE FREIGHT—TOGETHER.