



MOTOR CARRIER SET-UP

1. Company name: _____
2. Remit to address: _____
(Street or PO Box, City, State, ZIP)
3. Dispatch phone: (A/C & No.) _____ Dispatch FAX: (A/C & No.) _____
4. Who is/are the principal dispatch contact(s): _____
5. What is your MC number: _____ 6. What is your EIN or SSN? : _____
7. What email address can we use to contact you: _____
8. Where do you generally operate: _____

EQUIPMENT: Insert the number of units in your fleet:

TRACTORS: _____	DRY BULK TRAILERS: _____	DRY VANS: _____
LIQUID BULK TRAILERS: _____	REFRIGERATED TRAILERS: _____	RGNS: _____
STRAIGHT FLATBEDS: _____	STEPDECKS: _____	MAXI'S: _____
HOTSHOTS: _____	OTHER (Specify) _____	

WHEN COMPLETE, PLEASE FAX THIS SURVEY (WITH ATTACHMENTS NOTED ON THE SET-UP CHECKLIST) TO CREATIVE LOGISTICS AT 208-331-6677

**Our mailing address for invoicing and general correspondence is:
CREATIVE LOGISTICS, INC.
POB 5443
BOISE, ID 83705 - 0443**

If you have any questions on the set-up process, please call (208) 331-6660 x 501.