

**NEW CARRIER SETUP**

CARRIER NAME: \_\_\_\_\_  
CONTACT: \_\_\_\_\_  
PHONE #: \_\_\_\_\_  
FAX #: \_\_\_\_\_  
MC #: \_\_\_\_\_  
EMAIL: \_\_\_\_\_  
BILLING EMAIL: \_\_\_\_\_  
EQUIPMENT CT: 

|   |   |   |    |       |
|---|---|---|----|-------|
| V | R | F | SD | OTHER |
|---|---|---|----|-------|

  
INSURANCE: \_\_\_\_\_



Mike Young  
V.P. of Logistics  
D: 308-398-8582  
F: 308-398-9582  
myoung@gixlogistics.com

[www.giexpress.com](http://www.giexpress.com)

**PLEASE SEND THE FOLLOWING INFORMATION FOR SETUP:**

- 1 W-9 Showing PHYSICAL ADDRESS and MAILING ADDRESS
- 2 Contract or common carrier authority
- 3 Insurance listing GIX LOGISTICS INC as certificate holder  
\*\*Include general liability, auto liability, and reefer breakdown on certificate, if included on policy

INSURANCE SHOULD READ:  
GIX LOGISTICS INC  
PO BOX 1845  
GRAND ISLAND, NE 68802  
ATTN: MIKE

FAX DIRECTLY TO:  
308-398-9582

- 4 3 Trucking References with CONTACT NAMES and PHONE NUMBERS  
(Companies that you have hauled for previously)

1 \_\_\_\_\_  
2 \_\_\_\_\_  
3 \_\_\_\_\_

**PLEASE FAX BACK ASAP. DRIVER WILL NOT BE DISPATCHED  
WITHOUT ALL PAPERWORK**