



Policy Statement and Requirements Needed to be Established as a Time Carrier

- 🌀 **New Carrier Information:**.....Complete cover sheet.
- 🌀 **W-9 Form:**Must include Federal ID # or Social Security # and be signed by an authorized signer.
 - ✓ Must have physical address
 - ✓ Must have box - Type of Business: Corp. Sole, Partnership, etc.
 - ✓ Must have box - Exempt from backup withholding
- 🌀 **Carrier/Broker Agreement:**.....Complete and sign. (**Must be signed by an authorized signer.**) Original, two-part contract will be mailed to you, please sign and return the yellow copy within 30 days. **Each page must be initialed and dated.**
- 🌀 **Copy of MC# and DOT#:**.....Federal Highway Administration Form
- 🌀 **Carrier will be checked via the FMSCA's on-line Safer System**
- 🌀 **Copy of Insurance must include:**
 - Cargo:**
 - Policy #
 - Valid Expiration Date
 - Dollar Amount
 - Auto Liability:**
 - Policy #
 - Valid Expiration Date
 - General Commercial Liability:** This is not required to be a carrier with the Time Logistics Group, but having it may entitle you to a wider selection of loads.
 - Reefer Breakdown:** (If applicable)
 - Cancellation Days:** Between 10-30 days
 - Certificate** faxed from insurance company and followed up by an original.
- 🌀 **Certificate Holder** to read as follows:
 - o Time Logistics Group, Inc., 1463 S. Bell School Rd, Cherry Valley, IL 61016
 - o Time Logistics Group, Inc., must be certificate holder at a minimum.
 - o **Additional insured is preferred.**

Time Logistics Group, Inc., must receive all above information before a check will be released for payment of freight charges. A check will be mailed to the address provided for no less than 30% of the freight charges for the first load delivered by the carrier. Upon receipt of invoice for the first load from carrier, and all required information is on file at Time Logistics Group, a check will be issued to carrier for balance of freight charges from first load. After the first load, payment will be made by check or advance for the full amount (subject to Advance Policy below) provided the Time Logistics Group, Inc. has all requested information on file.

Advance Policy: There will be a charge for all advances and/or advance settlements as follows:

1. Fee for advance is 2% of the rate or \$25.00, whichever is higher.
2. Fee for an advance settlement upon delivery is 2% of the settlement amount or \$25.00 whichever is higher.

Payment Policy: Every effort will be made to pay carrier invoices within 14 days of invoice receipt, provided the bills include the following:

1. They are clearly signed
2. All copies are legible
3. No notice of claim has been given
4. A signed confirmation has been returned
5. Invoice is mailed or faxed to the appropriate Time Logistics Group, Inc., office.

(Occasionally original bills must be provided instead of copies and carrier will be notified of this in the load confirmation.)

Signed _____

Date _____

Name of Company _____

