

## **Box Truck Network**

2000 W. Pioneer Parkway 10D, Peoria IL 61615 309.571.7330 x 2 support@boxtruckapps.com

## **BOX TRUCK NETWORK MEMBERSHIP**

Thank you for your interest in becoming part of our network services that will help you find freight specific for your Box Truck, Sprinter, or Cargo Van. We look forward to a long-term relationship with you, as our member!

Prior to becoming a member of our network, you must provide the following information to us:

1.	A completed and signed membership form	WE MUST HAVE THESE ON
2.	A completed and signed Credit Card Authorization Form	FILE TO START MEMBERSHIP

A copy of your MC Authority

Client Signature: \_\_\_\_\_

1.

	A copy of Insurance Certificate (COI)	Form ID: BTN-102620
	A signed W9 form (If you are doing contract freight)	
	( A 10% commission per load is charged for each lo	ad booked to a contracted-carrier member)
RATES:	NEW CLIENT SETUP FEE: \$250.00 (ANNUAL)	Promo Code
Loa	ad Board \$50.00 Monthly Subscription Fee - No True	ck Limit (Renewed monthly until canceled
Safe	ety Plan \$75.00 - (Include initial consultation and cre	eation of customized duplicable plan).
(Criminal allowed a	mbership fee includes a D.O.T. background check and a crimina checks are based on the last 7 years and all records are review after payment is made.) Membership dues allow you access to a the load board is not included. It is additional feature as with a	ed in a case by case basis. No membership refunds are II contract freight opportunities and association benefits,
card supp of subscri	subscription allow you access to the board on a month to month blied. Subscription is month to month, and can be canceled at an iption. A new credit card form below, will need to be completed nitial (By Initialing, the client understands a	y time. No refund is given after the start of the new month to have the board activated after the 2nd suspension.
Carrier	r Name:	_ MC #:

www.boxtrucknetwork.com

Date:

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Email this completed form to: support@boxtruckapps.com

## **Credit Card Authorization Form**

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Credit Card Information					
Card Type:	☐ MasterCard	□VISA	Discover/AMEX		
Cardholder Na	me (as shown on card):	:			
Card Number:					
Expiration Dat	e (mm/yy):				
Cardholder ZIF	Code (from credit ca	rd billing address	):		
CVV Code:					
	ER FEE: Per the client BERSHIP FEE: \$250.0		membership form BTN-102620. newal date)		
•	•	ove for agree	e The Box Truck Network LLC d upon purchases. I further o file for future transaction on		
Disclaimer:					
or any reason, wo	e will make a reasonable	e effort you reach yous as soon as pos	ess to the network. If card is declined ou to update the information so services sible if your payment method has		
No refunds for mer	nbership or subscription fe	ees will be made on	ce the card has been charged made.		
the renew date and		services prior to renev	on membership and load board fees on wal date to avoid the card being n BTN-102620.		
Customer Signa	iture		Date		

THIS FORM MUST BE COMPLETED AND SENT BACK TO START MEMBERSHIP