



The Box Truck Network

P.O. Box 9666 Peoria IL 61612 309.571.7330 support@boxtruckapps.com

EXPEDITE DIRECT MEMBERSHIP FORM

1. This membership form must be fully completed and signed.
2. All Companies Must Pass A Complete DOT Background Check.
3. All Drivers Must Pass A Complete Criminal Background Check.
4. Must have \$1,000,000 Auto Liability Insurance & \$100,000 Cargo Coverage.

HOME-BASE CITY: _____

Promo Code _____

ANNUAL MEMBERSHIP FEE: \$250.00

____ **Initial** I understand that the membership fee is non-refundable, that there is no commission charged by The Box Truck Network for any load booked through BTN. I understand this is not a forced dispatch service.

____ **Initial** I understand that I am responsible for payment even if I do not pass my background check. I acknowledge that as the owner, I may not get approved if I have any felonies or excessive misdemeanors. I understand that it is my responsibility to notify BTN if I have a history before registering.

ADD A LOAD RESOURCE BOARD (Subject to Member Approval)

____ **6 Months \$150.00** ____ **Yearly \$300.00**

____ **Initial** I understand that I am paying for access to a resource board. I understand that there is no guarantee of work and will generate work based on my effort. All payments are **non-refundable**. Cancellation of subscriptions must be made at the time of renewal.

Load Boards You Are Currently Using: (Choose as many as necessary) **FORM ID 052921-A**

Truck Stop

DAT

123 Loadboard

Sylectus

Get Loaded

My Virtual Fleet

Broker Boards

Other Load Boards

None

Total Amount Due: \$_____ for Membership and Load Board (Optional)

Carrier Name: _____

MC #: _____

Client Signature: _____

Date: _____

Phone Number: _____

Email: _____

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: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover/AMEX
Cardholder Name (as shown on card):
Card Number:
Expiration Date (mm/yy):
Cardholder ZIP Code (from credit card billing address):
CVV Code:
Fee Structure: Per the membership selection on BTN form 052921-A
PROMO CODE _____

Phone Number: _____ Email: _____

I, _____, authorize The Box Truck Network LLC to charge my credit card above for agreed upon purchases. I further understand that my information will be saved to file for future transaction on my account. **\$250.00 Annual Membership fee will be processed plus if you selected a load board option.**

Disclaimer:

Payment is required prior to receiving membership access to the network. If card is declined for any reason, we will make a reasonable effort you reach you to update the information so services can continue uninterrupted. Please notify us as soon as possible if your payment method has changed from the information provided

NO REFUNDS FOR MEMBERSHIP ONCE CARD HAS BEEN CHARGED

Card-holder understands that payment is automatically withdrawn on memberships on the renew date and card-holder must cancel services prior to renewal date to avoid the card being charged. Renewal date is based on application date found on form 052921-A.

Customer Signature

Date

THIS FORM MUST BE COMPLETED AND SENT BACK TO START MEMBERSHIP

supportboxtruckapps.com