



# The Box Truck Network

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

## LTL PALLET DIRECT MEMBERSHIP FORM

Welcome to our network of carriers! To becoming a member of our network, a few things must take place:

1. This membership form must be fully completed and signed.
2. A Complete DOT & Criminal Background Check will be performed.
3. An Annual Membership Fee of \$325.00
4. A signed copy of BTN-Carrier Agreement & the Driver Use of Service Policy
5. Must have \$1,000,000 Auto Liability Insurance & \$100,000 Cargo Coverage.
6. A complete Safety Packet will be created for your company.

**SETUP FEE: \$325.00**

### PLAN OPTIONS:

**FEE IS PER TRUCK\***

\_\_\_\_ **Monthly \$75.00** \_\_\_\_ **Yearly \$600.00** \_\_\_\_ **Number of Trucks**

\*Fee is per truck. Fee does not include 10% commission that is charged for each load. Each truck must be registered in our app to be able to accept loads. **EACH LOAD IS CHARGED 10% COMMISSION. PRICE YOUR RATE ACCORDINGLY**

\_\_\_\_ **# of TRUCKS**    **Total Amount Due:** \_\_\_\_\_    \_\_\_\_ **Monthly** \_\_\_\_ **Yearly**

**Cash Payment Choice:**                      **OUR CASH APP ID: \$BoxTruckNetwork**

**CASH APP ID:** \_\_\_\_\_

**Promo Code** \_\_\_\_\_

**BTN FORM 010121-A**

**HOME-BASE CITY:** \_\_\_\_\_

\_\_\_\_ **Initial** I understand that all initial payments are non-refundable, subscriptions can be canceled at any time, plans can be changed with price adjustments, (Year to Monthly change will only result in a credit to the account), only Three (3) background check done per truck (\$50 Each additional background check) I also understand that there is a 10% commission for each load that I book through the APP provided by through our program, which is paid by the BTN member. **NO REFUND AFTER PURCHASE**

\_\_\_\_ **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.

**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:
<b>Fee Structure: Per the membership selection on BTN form 010121-A.</b>
<b>PROMO CODE</b> _____

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. **\$325.00 Setup fee plus 1st month subscription fee will be processed.**

### 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 above.

### **NO REFUNDS FOR MEMBERSHIP OR SUBSCRIPTION FEES 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 011221-A.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

**THIS FORM MUST BE COMPLETED AND SENT BACK TO START MEMBERSHIP**

**support@boxtruckapps.com**