C2C
GLOBAL GROUP OF COMPANIES

New Broker Form

Start (date + time): _____ *

Started By: _____ *

Finish (date + time): _____

Finished By: _____

Company Name: _____ *

Initial Contact: _____ * (First Last) Phone: _____ *

Position: _____ MC Number: _____

Billing Address: _____ Date Established: _____

_____ RTS Score: _____ *

_____ RTS # Days: _____ *

A/P Contact: _____ * (First Last) Phone: _____ *

A/P E-Mail: _____ Fax: _____

Method of invoicing
- ☐ PDF
- ☐ Fax
- ☐ Original

Terms of payment
- ☐ Cheque
- ☐ Wire
- _____ number of days *

- ☐ References Received *
- ☐ Insurance Received
- ☐ Insurance Entered in VD
- ☐ References Called (attached)

Credit Check (payment history, load frequency, value of load, problems collecting, Payment Contact)

_____

_____

_____

_____

_____

_____

_____ | CREDIT LIMIT:*

* = dispatch fields to complete