

FMSL LOGISTICS & FREIGHT SOLUTIONS

Corporate Headquarters

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Broker / Carrier Partnership & Onboarding Packet

1. Broker / Carrier Partnership Application

Legal Business Name:

DBA (if applicable):

MC Number: _____ **DOT Number:**

EIN / Tax ID:

Business Type: Corporation LLC Sole Proprietor Partnership

Principal Contact:

Title: _____ **Phone:**

Email: _____

Business Address:

City/State/ZIP:

Years in Operation: _____ **Number of Employees:**

Annual Revenue Range: Under \$500K \$500K–\$1M
Over \$1M

2. Brokerage Agreement & Acknowledgment

This **Brokerage Agreement** (“Agreement”) is made between **FMSL Logistics & Freight Solutions** (“FMSL”) and the undersigned Broker or Carrier Partner.

The Broker / Carrier Partner Agrees To:

- Maintain current FMCSA operating authority and insurance coverage.
- Adhere to all applicable **federal, state, and local transportation laws**.
- Accept responsibility for freight handled, including cargo condition and timely delivery.
- Provide proof of insurance and authority prior to load assignment.
- Conduct all communications with honesty, accuracy, and professional courtesy.

FMSL Agrees To:

- Provide verified load information, rate confirmations, and transparent payment terms.

- Communicate dispatch and customer instructions clearly.
- Respect the confidentiality of partner business relationships.

Signature – Broker/Carrier Partner:

Print Name: _____ **Date:**

Authorized by – FMSL Logistics & Freight Solutions:

Date: _____

3. Credit & Bank Verification Authorization

I hereby authorize FMSL Logistics & Freight Solutions to verify credit and banking information provided in connection with establishing a brokerage relationship.

Bank Name:

Address:

Contact Person:

Phone: _____ **Email:**

Account Type: Business Checking Operating Account

Average Monthly Balance (approx.):

Signature: _____ **Date:**

4. Insurance & Authority Documentation Checklist

Attach copies of the following documents:

- Operating Authority (MC/MX/FF)
- W-9 Form
- Certificate of Insurance (Liability, Cargo, Workers' Comp if applicable)
- Completed Broker / Carrier Partnership Application
- Voided Business Check or Payment Instructions
- Safety Rating / DOT Snapshot

All documents should be current and valid for at least 30 days from the date of submission.

5. W-9 Substitute & Business Certification

Business Name (as shown on tax return):

Address:

City/State/ZIP:

Tax ID / EIN: _____

Certification:

I certify that the above information is correct, and I am authorized to enter into this partnership with FMSL Logistics & Freight Solutions.

Authorized Representative:

Title: _____

Signature: _____ **Date:**

6. Signature Authorization & Compliance Statement

By signing below, I acknowledge that I have read and understood the contents of this packet and agree to comply with all policies of **FMSL Logistics & Freight Solutions**.

Printed Name: _____

Signature: _____ **Date:**
