

Carrier Membership Application



EXPRESS CARRIERS ASSOCIATION
Forging Transportation Relationships

We wish to apply for membership in the Express Carriers Association:

Company _____

Representative _____

Title _____

Phone _____ Fax _____

Mailing Address _____

City _____ State _____ ZIP _____

Website _____ Email _____

General Description of Business

Describe your core business or service offerings _____

Interstate Authority # _____ DOT # _____ ICC # _____

For Hire Carrier? Yes No

of States with Physical Locations or Contractual Agent Locations _____

Annual Dues: \$550

We understand that if our payment is made prior to January 15, we will be a 5-STAR MEMBER. 5-Star Members receive recognition at the Marketplace and in the ECA Service Directory. The ECA Membership year runs from January 1st through December 31st.

CHECK IS ENCLOSED made payable to: Express Carriers Association.

Remit to: Express Carriers Association, 9532 Liberia Avenue, #752, Manassas, VA 20110

CHARGE \$550 to my: Visa Mastercard American Express

Credit card users can fax this form to: 703-361-5274 (If faxing- Do not follow up by mail, you could be charged twice.) or remit to: Express Carriers Association: 9532 Liberia Avenue, #752, Manassas, VA 20110

Account # _____

Name as it appears on card _____

Expires _____ Signature _____

_____ hereby submits application for membership to the Express

Company Name

Carriers Association as a shipper member, as defined by the association by-laws, Article 2, Section 2 (A) Carrier Membership: A for hire carrier engaged in the transportation of packages, parcels, and/or less than truckload cargo (TL/LTL), with physical or agent contractual locations in 15 states or less. I certify that 75% of our gross revenues are not generated through franchise and/or agency agreements.

By signing below, I agree that I am an authorized employee/representative of the entity submitting the application. To the best of my knowledge, all of the above information is true and accurate. If found that the information is not true or correct, the ECA reserves the right to deny/reject the application.

Signature _____ Date _____

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States where your company has a physical or agent contractual location; cannot be more than 15 states.

- | | | | |
|--------------------------------------|----------------------------------------|-----------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Alabama | <input type="checkbox"/> Illinois | <input type="checkbox"/> Montana | <input type="checkbox"/> Rhode Island |
| <input type="checkbox"/> Alaska | <input type="checkbox"/> Indiana | <input type="checkbox"/> Nebraska | <input type="checkbox"/> South Carolina |
| <input type="checkbox"/> Arizona | <input type="checkbox"/> Iowa | <input type="checkbox"/> Nevada | <input type="checkbox"/> South Dakota |
| <input type="checkbox"/> Arkansas | <input type="checkbox"/> Kansas | <input type="checkbox"/> New Hampshire | <input type="checkbox"/> Tennessee |
| <input type="checkbox"/> California | <input type="checkbox"/> Kentucky | <input type="checkbox"/> New Jersey | <input type="checkbox"/> Texas |
| <input type="checkbox"/> Colorado | <input type="checkbox"/> Louisiana | <input type="checkbox"/> New Mexico | <input type="checkbox"/> Utah |
| <input type="checkbox"/> Connecticut | <input type="checkbox"/> Maine | <input type="checkbox"/> New York | <input type="checkbox"/> Vermont |
| <input type="checkbox"/> Delaware | <input type="checkbox"/> Maryland | <input type="checkbox"/> North Carolina | <input type="checkbox"/> Virginia |
| <input type="checkbox"/> D.C. | <input type="checkbox"/> Massachusetts | <input type="checkbox"/> North Dakota | <input type="checkbox"/> Washington |
| <input type="checkbox"/> Florida | <input type="checkbox"/> Michigan | <input type="checkbox"/> Ohio | <input type="checkbox"/> West Virginia |
| <input type="checkbox"/> Georgia | <input type="checkbox"/> Minnesota | <input type="checkbox"/> Oklahoma | <input type="checkbox"/> Wisconsin |
| <input type="checkbox"/> Hawaii | <input type="checkbox"/> Mississippi | <input type="checkbox"/> Oregon | <input type="checkbox"/> Wyoming |
| <input type="checkbox"/> Idaho | <input type="checkbox"/> Missouri | <input type="checkbox"/> Pennsylvania | <input type="checkbox"/> Entire US |

Services: Please check services you provide.

- | | | |
|--------------------------------------------------|-------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Air Freight | <input type="checkbox"/> Local Pickup | <input type="checkbox"/> TL |
| <input type="checkbox"/> Break Bulk Distribution | <input type="checkbox"/> LTL | <input type="checkbox"/> 24 Hour Turn-around |
| <input type="checkbox"/> Dedicated Truck/Van | <input type="checkbox"/> Messenger | <input type="checkbox"/> Warehousing |
| <input type="checkbox"/> Expedited Freight | <input type="checkbox"/> Next Flight | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Ground Parcel | <input type="checkbox"/> Route Work | |
| <input type="checkbox"/> Hot Shot | <input type="checkbox"/> Scheduled | |
| <input type="checkbox"/> Line Haul | <input type="checkbox"/> Temperature Controlled | |

Special Services: Please check special services you provide.

- | | | |
|--------------------------------------------------|--------------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Airport Pickup/Delivery | <input type="checkbox"/> Medical | <input type="checkbox"/> Pharmaceutical |
| <input type="checkbox"/> Banking | <input type="checkbox"/> Office Products | <input type="checkbox"/> Signature Capture |
| <input type="checkbox"/> E-mail PODs | <input type="checkbox"/> Online Order Entry & Tracking | <input type="checkbox"/> 24/7 Onsite Dispatch |
| <input type="checkbox"/> HazMat | <input type="checkbox"/> Parts Storage/Distribution | <input type="checkbox"/> White Glove |
| <input type="checkbox"/> Legal Other | | |

Equipment: Please check equipment you provide.

- | | | |
|------------------------------------------|---------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Air Rides | <input type="checkbox"/> Hi-Cubes | <input type="checkbox"/> Straight Trucks |
| <input type="checkbox"/> Cargo Vans | <input type="checkbox"/> Lift Gates | <input type="checkbox"/> Tractor Trailers |
| <input type="checkbox"/> Cars | <input type="checkbox"/> Refrigerated | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Covered Pickups | <input type="checkbox"/> Rollerbeds | |



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Contacts: Please give us three contacts for your company.

Contact 1

Name _____

Title _____

Address _____

Phone _____ Fax _____

Email _____

Contact 2

Name _____

Title _____

Address _____

Phone _____ Fax _____

Email _____

Contact 3

Name _____

Title _____

Address _____

Phone _____ Fax _____

Email _____

Thank you for providing this important information.

9532 Liberia Avenue #752 ☎ Manassas ☎ VA 20110 ☎ 703-361-1058 ☎ Fax 703-361-5274