



NEW CARRIER SUBMISSION

OTR Client (**Broker**):-----

Carrier Name: -----

MC#: -----

OR

DOT#: _____

Billing Address: -----

City: ----- State: ----- Zip: -----

Email: -----

Phone#: -----

PREFERRED METHOD OF PAYMENT (PLEASE CHECK ONE)

ACH Regular Pay

ACH 2-Day Quick Pay (___%)

Comcheck 2-Day Quick Pay (____%)

Factoring Company -----

**Please attach Void Check, ACH Authorization Form or Notice of Assignment and Payment Instructions. I hereby authorize OTR Solutions to initiate credit entries and to initiate, if necessary, debit and adjustments for any credit entries in error to my account indicated.*

Please note: Prior to funding a new carrier this form must be completed and submitted to OTR Solutions.

Please return this document and any additional forms to the email below.

EMAIL: NEWCARRIER@OTRSOLUTIONS.COM