

**FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION  
ACCEPTANCE REPORT**

<b>USER ID:</b>	MSTEWART
<b>TRANSMISSION NUMBER:</b>	WEB82657
<b>TRANSMITTED ON:</b>	09/28/2022 09:57:53
<b>COMPANY NAME:</b>	UNITED STATES FIRE INSURANCE CO.
<b>SUBMITTEND BY:</b>	UNITED STATES FIRE INSURANCE CO. (05230-00)

Docket	Form/Type	Policy Number	Effective Date	Action
MC-1221540	BMC-84/SURETY	615118439	09/22/2022	ACCEPTED

Values in FMCSA Licensing & Insurance Database.

<b>Legal Name:</b>	FREIGHT FAN LLC
<b>DBA Name:</b>	
<b>Address:</b>	18125 ROY ST # 5105
	LANSING IL US 60438
	18125 ROY ST # 5105
	LANSING IL US 60438-7004

91X Coverage(Type/Max/Underlying):

Total: 1

# CUSTOMER PROFILE FORM

EMAIL THIS COMPLETED FORM TO

[creditapp@otrcapital.com](mailto:creditapp@otrcapital.com)

COMPANY INFORMATION			BUSINESS DESCRIPTION
Name of Business			Federal Tax ID
DBA			President/Owner Name
Physical Address			Business Type
City	State	Zip Code	Date Business Started (MM/DD/YYYY) ____/____/____
Website			DUNS Number

ACCOUNTS PAYABLE CONTACT	BILLING INFORMATION			
AP Contact NAME	Billing Address			
AP Email Address	City	State	Zip Code	
(Alternative Invoicing Email Address)	<b>THIRD PARTY PAYMENT PROCESSORS:</b> IN THE EVENT YOU USE THIRD PARTY PAYMENT SERVICES, YOU ARE PLACING YOUR COMPANY'S CREDIT REPUTATION IN THE HANDS OF OTHER PARTIES AND ULTIMATELY REMAIN RESPONSIBLE FOR TIMELY PAYMENT OF INVOICES REGARDLESS OF ANY AGREEMENTS YOU MAKE WITH THE THIRD PARTY. PAYMENT MUST BE MADE IN ACCORDANCE WITH THE TERMS AND CONDITIONS OF NTG. NON-PAYMENT OF INVOICES MAY BE CAUSE FOR SUSPENSION OF CREDIT AND OTHER PENALTIES. PLEASE INCLUDE ALL BILLING INFORMATION IF YOUR COMPANY IS USING A THIRD PARTY PAYMENT SERVICE.			
AP Phone				Ext
AP Fax				

TRAFFIC MANAGER CONTACT	
Traffic Manager NAME	Email Address
Traffic Phone	Traffic Fax

CREDIT REFERENCES (Carriers/Brokers)			
Company Name	City/State	Contact Name	Contact Phone
Company Name	City/State	Contact Name	Contact Phone
Company Name	City/State	Contact Name	Contact Phone

TRADE REFERENCES (Customers/Suppliers)			
Company Name	City/State	Contact Name	Contact Phone
Company Name	City/State	Contact Name	Contact Phone
Company Name	City/State	Contact Name	Contact Phone

NET TERMS (Check one)					INVOICE METHOD (Check one)		
NET 10	NET 15	NET 21	NET 30	Other _____	EMAIL	POSTAL	FAX

PAYMENT METHOD (Check one)			
CHECK	ACH	WIRE	CREDIT CARD
If paying by check, how frequent is your check run? (Check one)			
Once a Week	Twice a Week	Twice Monthly	Monthly
What paperwork do you require for payment processing? (Ex: POD, Invoice, BOL, etc.) _____			

**THIS DOCUMENT MUST BE SIGNED AND DATED**

Name (Print) _____ Title _____ Date ____/____/____
Authorized Signature X _____
The contract provisions on page two (2) are incorporated by reference and constitute a part of the agreement. Reference should be made to the terms of this agreement as stated on page two (2) and our extended terms and conditions located at _____

**PERTAINING TO ALL SERVICES.** I hereby apply for credit and this form is my authorization to contact our credit references and banking institutions now, and at any future date, for full disclosure of current credit status and release of credit history. This form is not an agreement to extend credit, and credit may be extended or withdrawn at any time. I will promptly provide updates of subsequent changes which would affect the accuracy of any information provided. I agree to pay all invoices within 30 days of the invoice date. Further, I agree to pay a service charge of 1 ½% per month on any and all past due balances. I shall be responsible for 15% attorney fees on the principal and accrued interest combined in the collection of the undersigned's account. By signing this form, I hereby submit to the jurisdiction and venue of the state courts located in Fulton County, Georgia, or a venue to be decided at OTR Capital's sole discretion, with respect to any and all matters arising from this agreement. I do hereby waive all objections to venue and jurisdiction, including *forum non conveniens*.

**LESS THAN TRUCK LOAD (LTL).** LTL rates provided are based on: origin and destination zip codes, distance, commodity freight class (per the National Motor Freight Classification and/or the shipments density, depending on the particular carrier's pricing terms) and gross shipping weight including all packaging materials, crating and/or pallets as a cost-per-pound and volume of space required for transit.

**QUOTED RATE.** All shipments are rated, quoted, and booked based on the exact information provided by the customer. Rate quotes are recommendations that include the following factors in calculation: (1) the gross weight of the shipment including all packaging materials and pallets. (2) The exact commodity being shipped, described by its freight class and/or NMFC code. (3) The dimensions per shipping unit and volume of space needed. (4) The number of shipping units. (5) Assessorial Services: these services are provided by the Carrier in addition to the basic transportation service of the freight. Shipments are quoted from dock to dock; therefore, any assessorial services will result in additional charges. These include, but are not limited to: lift gate service, "limited access" pickups/deliveries, including residential, inside pickups/deliveries, appointments and/or notification service, temperature control, location updates, and other services outside of the standard shipping of freight.

**INITIAL BILLING.** The estimated/initial cost for each shipment is billed and charged to the Customer's open account at the time of dispatch. The Customer understands that this initial billing is based on the information provided by the customer and that this billing is done in "good faith" with the assumption that the Customer provided true and accurate information reflecting the actual description of their shipment and services to be provided.

**ADJUSTMENTS.** The Carrier reserves the right to verify a shipment's weight, dimensions, freight class, and any assessorial services provided; assessorial services include but are not limited to detention, lift gate service, residential/limited access service, appointments, and lumper service. In the event a Carrier discovers these items are incorrectly described on the BOL a freight inspector will document the differences and a "Billing Adjustment" will be issued. Should this occur the Customer agrees to pay for all adjustments (if any) and adjustments will be automatically charged to the Customer's open account. Billing adjustments may also incur a rebilling and reprocessing fee.

**BILL OF LADING.** The Customer is required to use the Bill of Lading (BOL) supplied by broker. Failure to do so may result in delivery delays of freight and extra charges due to loss of discounts and reprocessing fees.

**DISPUTES.** If rates are adjusted by the Carrier, broker has ten (10) business days to dispute and appeal the adjustments. Broker then has the opportunity to provide proof to reverse these adjustments. I promise to provide written notice to broker in ten (10) business days of any and all disputes regarding any bill.

**INSURANCE.** While truckload freight is covered up to \$100,000.00 in liability insurance, LTL freight liability insurance can range anywhere from (\$0.10) ten cents to twenty dollars (\$20.00) per pound, depending on the Carrier's liability provisions and/or the class of the commodity. Additional cargo insurance can be arranged by written request from the Customer and approved by broker.

**CANCELLATION OF SERVICES.** The Customer may cancel a freight shipment at any time up to 24 hours from scheduled pickup or else a fee of up to 10% of the predetermined line haul amount may be charged to compensate the Carrier.

**ELECTRONIC SIGNATURE (ESIGNATURE).** Customer consents and agrees that their use of a key pad, mouse or other device to select an item, button, icon or similar act/action while using any electronic service broker offers; or in accessing or making any transactions regarding any document, agreement, acknowledgement, consent, term, disclosure, or condition constitutes Customer's signature, acceptance and agreement as if actually signed by Customer in writing. Further, Customer agrees that no certification authority or other third party verification is necessary to validate Customer's electronic signature; and that the lack of such certification or third party verification will not in any way affect the enforceability of Customer's signature or resulting contract between Customer and broker. **Customer understands and agrees that the eSignature executed in conjunction with the electronic submission of the application will be legally binding and such transaction will be considered authorized by Customer.**



# 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