



SEND COMPLETED PACKAGE TO [carrier@Jcil.ca](mailto:carrier@Jcil.ca)

TELEPHONE: 800-657-7990

www.JCIL.ca

FAX: 289-569-0337

How did you hear about us?

- Internet
- Website
- Flyer
- Word of Mouth
- Load Board

PLEASE FILL OUT SO WE CAN ADD YOU TO OUR SYSTEM

Your Company Name \_\_\_\_\_

Contact Name: \_\_\_\_\_

MC#: \_\_\_\_\_

Business Tel. #: \_\_\_\_\_

After hour's #: \_\_\_\_\_

Cell #: \_\_\_\_\_

Lanes: \_\_\_\_\_

Email : \_\_\_\_\_

**Terms of Quick Pay:**

- Original Invoice and BOL must be submitted
- All BOLs must be signed and accepted clean by receiver
- BOL must be signed by operating carrier's (driver) matched on Confirmation

**Choose Quick Pay Option:**

- [ ] – Next day Quick Pay fee 5% of gross revenue paid to the carrier  
(Payment will be mailed or Deposited after receipt of invoice & original BOL.)
- [ ] – 14 Days Quick Pay fee 3% of gross revenue paid to the carrier  
(Payment will be mailed or Deposited after receipt of invoice & original BOL.)
- [ ] – 30 days or If using a **Factoring company** you must choose this option (All factoring companies  
Checks will be mailed after receipt of invoice & original BOL.)

**Please include information with a copy of:**

- ICC, MC# Authority
- Copy of Insurance (Please have **JCIL TRANSPORT** named)
- Must Include Reefer Breakdown Insurance
- WSIB, W9 or Equivalent

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Please provide us with at least 3 trade references.

**Reference #1**

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

# of Loads done for them: \_\_\_\_\_

# of years worked of them: \_\_\_\_\_

**Reference #2**

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

# of Loads done for them: \_\_\_\_\_

# of years worked of them: \_\_\_\_\_

**Reference #3**

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

# of Loads done for them: \_\_\_\_\_

# of years worked of them: \_\_\_\_\_

**Reference #4**

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

# of Loads done for them: \_\_\_\_\_

# of years worked of them: \_\_\_\_\_

**Please read the following and sign:**

I as a signing officer for (name of carrier) \_\_\_\_\_ agree not to back solicit or double broker any customers or loads of JCIL Transport and its subsidiaries. Breach of this agreement may result in financial penalties including non-payment. Eight percent (8%) of all revenues generated from back solicitation of any JCIL Transport client are due to JCIL Transport for 2 years. By signing this agreement, you are agreeing to JCIL Transport carrier broker agreement on our website.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

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