

## Carrier Hiring Form

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

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

Address \_\_\_\_\_

—

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

Dispatch Email Address \_\_\_\_\_

Accounting Email Address \_\_\_\_\_

Void Cheque \_\_\_\_\_ yes

WSIB Account # \_\_\_\_\_

WSIB Firm's # \_\_\_\_\_

CSA Rating \_\_\_\_\_

CVOR Rating \_\_\_\_\_

CTPAT # \_\_\_\_\_

PIP # \_\_\_\_\_

Please send carrier package to [Logisitcs@contractexpress.on.ca](mailto:Logisitcs@contractexpress.on.ca)

