



**To: Prospective Carrier**  
**From: M2 Transport**  
**Re: Carrier set up documents**

M2 Transport is excited to have this opportunity to work with you and your company.

Please complete the following carrier packet and documents and return them prior to a load being tendered for pick up. All forms must be completed and returned to ensure compliance verification as well as prompt payment of your invoices. Please return to:

[CarrierSetUp@m2transport.com](mailto:CarrierSetUp@m2transport.com)

**Required Documents:**

1. **M2 Transport Brokerage Agreement** – must be signed by authorized person. Please initial each page & sign and date the last page.
2. **Copy of your Motor Carrier Authority**
3. **W-9 form**
4. **Certificate of Insurance** – showing the following coverage's
  - a. Auto Liability = \$1,000,000 minimum,
  - b. General Liability = \$1,000,000 minimum,
  - c. Cargo Liability = \$ 250,000 minimum, and.
  - d. Workers Compensation.
5. **Within 30 days issue a Certificate with M2 Transport as a certificate holder**

**Holder Address: M2 Transport**  
**3401 Norman Berry Drive**  
**Suite 270**  
**Atlanta, GA 30344**

## QUICK PAY OPTION

M2 Transport's standard pay terms are thirty (30) days from receipt of the carrier invoices and all proper documentation. If your organization is satisfied with these terms, no action is required. If your company is interested in our Quick Pay Option, please complete this document and return to:

[CarrierSetUp@m2transport.com](mailto:CarrierSetUp@m2transport.com)

### **Payment Terms:**

- All invoices must contain all backup documentation without shortages, damage or other service related issues.
- Invoices can be emailed to [invoice@m2transport.com](mailto:invoice@m2transport.com)
- Carriers that select the Quick Pay Option understand that all invoices will be paid under these terms and individual invoice by shipment Quick Pay Option is not available.
- Carriers that select the Quick Pay Option will be charged a quick pay fee per invoice deducted from the carrier settlement.
- All Carrier payments will be made via ACH transfer.

### **Select Payment Option:**

- Standard Option:** Payment will be issued thirty (30) days from receipt of Carrier's invoice and proper documentation.
- Quick Pay Option:**
  - Payment will be issued within (3) business days from receipt of Carrier's invoice and proper documentation via ACH transfer for a fee of 5% of the invoiced amount.

**Carrier Bank Information:**

**Bank Name:** \_\_\_\_\_

**ABA Number:** \_\_\_\_\_

**Account Name:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_

**By signing this form you accept these terms and acknowledge that you are an authorized representative of the company.**

**Carrier Name:** \_\_\_\_\_

**Carrier MC#:** \_\_\_\_\_

**SCAC Code:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

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

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