



# Carrier Registration Form

Print Version

.....  
**Business Name**

.....  
**Location**

.....  
**Physical Address**

.....  
**Postal Address**

.....

.....

.....

.....

.....

.....

Postcode

Postcode

## CONTACT DETAILS

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### Company

#### Contact

.....  
NAME PHONE MOBILE FAX EMAIL

### Operations

#### Contact

.....  
NAME PHONE MOBILE FAX EMAIL

### H&S

#### Contact

.....  
NAME PHONE MOBILE FAX EMAIL

## FLEET

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### Truck Type

NUMBER

.....  
.....  
.....  
.....  
.....  
.....

**Total**

### Cargo

.....  
*Cargo Types Currently Carried:*

.....  
*Cargo Types of Interest:*

### Routes

.....  
*Typical Current Routes:*

.....  
*Routes of Interest:*

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**Complete form and fax to**  
+64 9 929 3181

**OR**

**Complete form and scan to**  
info@netlogix.co.nz

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