

## Tel.: (905) 895-0175 FAX: (905) 898-7636 www.barcodespro.com • www.parsbarcodes.com

## **Applications: ORDER FORM**

Non-Bonded Carrier Code A	Application (for Canada Cu	stoms)	
(Please Fill Out Attached Cons	Application Cost ent Form on page 2 plus other inf	<u></u>	
SCAC Code Application (for			
* *	to Submit Electronically NMFTA charge (currently 20 elow for Applications)	\$25.00 016) \$72.00	
U.S. DOT #	MC #		
Legal Name	Doing Busines	es As	_
Business Number (Canadian Compa	anies Only - 15 digit)		
Please Attach Corporate Certificate	, Business Registration or LLC C	ertificate from State Bus. Ro	egistered in.
<u>Payment</u>			
□Visa □MasterCard □AmEx	- Card #		
Security Code required for SCAC Application Expiry			
Signature:			
YOUR COMPANY NAME:			
YOUR COMPANY ADDRESS:			
Person to Contact:			
YOUR PHONE NUMBER:			
YOUR FAX NUMBER:			
e-mail address:			

## **Consent Statement**

Date:
Consented Agent EMAIL:
Consented Agent PHONE:
Consented Agent FAX:
To whom it may concern:
We the undersigned, herby authorize ( <i>NAME</i> )
This authorization is valid until further written notice from (YOUR COMPANY
NAME)
Sincerely,
(Company officer signature)
Name:
Title:

