

**Open Freight, Inc.
APPLICATION FOR BOC-3 FILING**



Please indicate if you would like Open Freight, Inc. to expedite your application without contacting you first.



PROCESS IMMEDIATELY
CALL ME AFTER APPLICATION
HAS BEEN PROCESSED

1. **Complete** the information on the form.
2. **Print** the fully completed application.
3. **Sign** the application each place marked
4. **Fax** the signed application to **904-425-8977**

Otherwise, once we receive the faxed application, a representative will contact you to answer any additional questions. If there are questions you are not sure of the answer, please skip that question and go on to the next. A representative will contact you to complete any missing information.

Company Information

Contact Name	MC Docket Number	
Email Address	Business Phone	Business Fax:
Company Name	Doing Business As Name	

SERVICE	PRICE	CLIENT CHARGES
BOC-3 Filing Fee:	\$39.00	\$39.00
TOTAL CLIENT CHARGES:		\$39.00

**Open Freight, Inc..
SERVICE AGREEMENT**

I / We, _____, hereby appoint Open Freight, Inc. to act as our agent for the purposes of electronically filing a BOC-3 Designation of Process Agents. We understand that the credit card used for the application will have the following charges incurred and hereby authorize these charges as per your card member terms and conditions agreement:

Open Freight, Inc. will serve as contact agent with Federal Motor Carrier Safety Administration for a period of 60 days from the date of this agreement.

Additionally, Open Freight, Inc., will prepare and E-mail or Fax to client a copy of the BOC-3 Form filed with the FMCSA.

The undersigned hereby states and attests that they have read, executed, and returned (via fax) the application forms provided by Open Freight, Inc.

Credit Card Authorization



Individual's Name that appears on Card: _____

Credit/Debit Card Number: _____ Expiration Date: _____

Billing Address of Card: _____ City: _____ State: _____ Zip: _____

I hereby authorize the use of this card and agree to abide by the terms and conditions of the issuing provider for the purposes outlined above.

Signed this _____ day of _____, 200 _____. Signature of Cardholder: _____

As authorized signor for: _____