



Application for Company Name Change

Please return completed form by fax to **1-800-280-2475**.

TRANSCORE ACCOUNT # _____

Is this a change of ownership? ___ Yes ___ No

MC # (new): _____ US DOT #: _____ FEDERAL ID: _____

Old Account Name _____

New Account Name _____

Physical Address _____ City _____ State _____ Zip _____

Billing Address _____ City _____ State _____ Zip _____

Phone # _____ Fax # _____

Mobile# _____ Toll Free # _____

Type of Business: ___ Broker ___ Carrier ___ Shipper ___ Private Fleet
___ Agent (include copy of agent agreement) ___ Freight Forwarder

Type of Ownership: ___ Corporation ___ State of Incorporation ___ LLC
___ Sole Proprietorship ___ Partnership

Contact person: _____ Title _____

Contact person email address: _____

Contact person phone number: _____

Billing contact person: _____ Phone: _____

Applicant Signature (owner/officer only) _____ Date: _____

Please Print Name: _____ Title: _____

Please return completed form by fax to **1-800-280-2475**.. If you have any questions please contact us via email at customer.support@transcore.com or phone at 800-547-5417.

TransCore Customer Support
800-547-5417