

# Road Freight Provider Application



This form is to be used to obtain a Freight Provider ID which is required to register a Freight Provider account in CropConnect.

## Section A: Request Details

Requested by: (please tick)	Road Freight Provider <input type="checkbox"/>	Buyer <input type="checkbox"/>	Grower <input type="checkbox"/>
--------------------------------	---	-----------------------------------	------------------------------------

## Section B: Requestor Details

Contact Name:	Email:
Company:	Phone: ( )
Position:	Fax:
Signature:	Date:

## Section C: Freight Provider Details

Freight Provider Name:	ABN:																		
Street Address:	Postal Address:																		
Town/Suburb:	Town/Suburb:																		
State:				Post Code:				State:				Post Code:							
Phone: ( )	Fax:																		

## Section E: Execution (GrainCorp Use Only)

Stocks Dept Use Only	Workflow submitted	Workflow Approved	FP ID Received	FP ID Notified
Yes/No				
Initials				
Date				

## Freight Provider ID

--

Please email completed form to: [timeslotting@graincorp.com.au](mailto:timeslotting@graincorp.com.au)