



Clarke Link – Set up Format

****Ensure writing is legible if faxing and the entire form completed in full****
****Shaded area to be filled out by Clarke Transport Administrator****

Date Requested	
Account #'s	
Account Name	
Street Address	
City	
Province	
Postal Code	
Telephone #	
Contact Name (in full)	
E-mail Address	
Contact Name (in full)	
E-mail Address	
Contact Name (in full)	
E-mail Address	
Clarke Division	Transport Corridor Road Transport (please make sure you indicate all divisions you utilize)
Dispatch Required	YES / NO (must be completed)
Sales Executive	
Regional Manager	
WHEN COMPLETE, ADMINISTRATOR WILL FORWARD BACK WITH BELOW INFORMATION TO APPLICANT	
Date Filled	
User Name	
Password (lower case)	

FAX OR E-MAIL COMPLETED FORM FOR SET UP TO
customerservice@clarketransport.com or Fax to 905-669-2054