

**MOTOR CARRIER AUTHORIZATION FOR
CONSULTANT TO COLLECT CARRIER'S ELECTRONIC DATA**

ACCOUNT INFORMATION

NAME OF MOTOR CARRIER	DOT#	BUSINESS EMAIL ADDRESS
NAME OF ELD/GPS/FUEL VENDOR	ACCOUNT #	LOGIN/PASSWORD
URL or ELD Vendor		

I hereby authorize the consultants listed below to collect my electronic information in the most efficient method available in order to perform the following functions on my behalf:

- Prepare IFTA Quarterly Tax Returns
- Audit my HOS Logs
- Vehicle Diagnostics
- Daily Vehicle Inspection Analysis
- Driver Safety Analysis
- Fleet Safety Management
- Management Reporting
- Routing Analysis

NAME OF AUTHORIZED SIGNER (please print)	DATE
SIGNATURE	TELEPHONE NUMBER



CONSULTANTS INFORMATION

COMPANY NAME	CONSULTANT	EMAIL ADDRESS

PRINT THIS FORM AND SIGN THEN EITHER FAX TO: (909) 596-2042
or SCAN & EMAIL TO: Help@TRUCKeSERVICES.com