



NEW CARRIER INFORMATION REQUEST FORM

DATE: _____

SCAC CODE: _____

CARRIER CODE (RCT USE ONLY): _____

COMPANY NAME: _____

ADDRESS: _____

REMIT TO ADDRESS: _____

(IF DIFFERENT THAN MAILING ADDRESS & IF YOU DO NOT HAVE A FACTORING COMPANY)

CONTACT PERSON: ACCTG: _____

DISPATCH: _____

ACCTG PHN #: _____

DISPATCH PHN #: _____

ACCTG FAX #: _____

DISPATCH FAX #: _____

ACCTG EMAIL: _____

DISPATCH EMAIL: _____

INSURANCE MUST INCLUDE AUTO LIABILITY W/LIMIT OF \$1,000,000 OR HIGHER, CARGO LIMIT OF \$100,000 OR HIGHER, REEFER BREAKDOWN LIMITS AND DEDUCTIBLES AND WORKER'S COMP COVERAGE.

AUTHORITY #: _____

DOT #: _____

TYPE OF AUTHORITY: (CIRCLE)

COMMON

CONTRACT

BROKER

DO YOU FACTOR?:

YES

or

NO

(IF YES - Please send Letter of Assignment.)

FACTORING COMPANY: _____

ADDRESS: _____

PHONE #: _____ FAX #: _____

PREFERRED TRAFFIC

LANES: _____

EQUIPMENT TYPE: (CIRCLE)

VAN

FLAT

REEFER

HOW MANY?:

POWER UNITS _____

VAN _____

FLAT _____

REEFERS _____

PALLETS ON TRUCK?:

YES

or

NO

LOAD LOCKS?:

YES

or

NO

OTHER AGREEMENTS:

QUICK PAY FOR 2% OF THE GROSS?

Yes

or

No

Circle one

ARE DRIVER ADVANCES ALLOWED?

Yes

or

No

or Lumper only

Circle one

NO ADVANCES ARE ALLOWED ON THE FIRST TRIP

AUTHORIZED NAME & TITLE: _____

AUTHORIZED SIGNATURE: _____