



FAX TO: 616-662-2435
 SEND BACK W/ W-9, INSURANCE (CARGO, AUTO LIABILITY &
 WORKER'S COMP) & AUTHORITY

NEW CARRIER INFORMATION REQUEST FORM

SCAC CODE:	
CARRIER CODE: (RCT USE ONLY)	

DATE: _____

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 EMAIL: _____ INSURANCE FAX #: _____

INSURANCE MUST INCLUDE AUTO LIABILITY W/LIMIT OF \$1,000,000.00 OR HIGHER, CARGO LIMIT OF \$100,000.00 OR HIGHER, REEFER BREAKDOWN LIMITS AND DEDUCTIBLES AND WORKER'S COMP COVERAGE.

AUTHORITY #: _____ FEDERAL ID #: _____

TYPE OF AUTHORITY: (CIRCLE ONE) 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

ARE DRIVER ADVANCES ALLOWED? Yes or No

REQUESTED BY: JIM MOHRBACH VICTORIA KRUIHOF BRANDON COX CASEY SCHAENDORF

AUTHORIZED NAME & TITLE: _____

AUTHORIZED SIGNATURE: _____