



**** Website ** Carrier Application**

General Information

Type of authority: Contract Common Other: _____

Legal Name _____ MC#- _____

DBA Name _____

Address _____

- Individual or Sole Proprietor
- Corporation
- Partnership
- Other: _____

City _____ State _____ Zip Code _____ Taxpayer ID# _____

Telephone _____ Toll-Free _____ Fax _____

Email _____ Website _____

Remittance Information (If Different From Above)

Payee _____

Address _____

City _____ State _____ Zip Code _____

Telephone _____ Fax _____ Email _____

Equipment/Services

Trailer Types	Length of Trailers	Number of Trailers	Comments

Number of trailers with E track (slots on inside walls for straps) _____ Total Number of Tractors _____

Check service regions: Northeast Southeast Midwest West Canada

Drivers

How many Teams do you have? _____ Are you hazmat certified? _____

Insurance

Agency Name _____ Telephone _____ Fax _____

Certification

I certify that:

The number entered as Taxpayer ID# above is my correct taxpayer identification number, or I am waiting for a number to be issued to me; and I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.

Signed _____ Date _____