



## Carrier Information

Carrier Name \_\_\_\_\_

Phone # \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

AP Contact \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

Physical Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

How many trucks are in your fleet? \_\_\_\_\_

What type(s) of trailer(s) do you have? \_\_\_\_\_

Are you interested in specific lanes? \_\_\_\_\_

Do you have a specific regular run that you need a match for? \_\_\_\_\_

How did you hear about Oldcastle? \_\_\_\_\_

Did you speak to anyone (if so whom)? \_\_\_\_\_

**Please Make Sure Your Packet is Returned w/ This Form and the Following Documentation**

- W-9 FORM
- MC AUTHORITY or US DOT
- Agreement to Transport Product for Oldcastle L&G
- Payment Terms Form (ACH Optional)
- CERTIFICATE OF INSURANCE (Oldcastle Regional Office must be listed as certificate holder and **ADDITIONAL INSURED** on the Auto Liability Policy)