

## Carrier Information

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

Address \_\_\_\_\_

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

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

Email \_\_\_\_\_

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

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

SCAC Code \_\_\_\_\_ Would you like to be added onto the Loadboard? Yes / No

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

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

Is there a specific region or state you are looking to cover? \_\_\_\_\_

Are there specific lanes that are of interest to you? \_\_\_\_\_

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

Did you speak to anyone, if so whom? \_\_\_\_\_

**Please make sure your packet is returned with this form and the following documentation:**

- W-9 Form
- Proof of active operating authority with MC/DOT number listed
- Signed 'Trucking Services Agreement' to transport products for Oldcastle APG
- Payment Terms Form (ACH Optional)
- Certificate of Insurance (Oldcastle Building Products must be listed as Certificate Holder and Additional Insured on the General Liability and Automotive Liability Policy)