



New Carrier Information Request

Carrier Name: _____ MC# _____
 Street Address: _____ FED ID# _____
 Mailing Address: _____ Phone: _____
 City: _____ Fax: _____
 State: _____ Zip: _____ 24 hr # _____
 Contact : _____ E-Mail Address: _____

Haz Mat Certified (Y / N) Smart Way Certified (Y / N) T.W.I.C (Y / N) Cellphones (Y / N)

****We do NOT deal with Riviera Finance – other arrangements must be made prior to loading**
 ** Please include your Factoring letter when you return information ****

Equipment Information:

# of Tractors _____	# of Vans (53) _____	# of Team Drivers _____
# of Reefers (48) _____	# of Vans (53) _____	# of Single Drivers _____
# of Reefers (53) _____	# of Flatbeds _____	# of trucks with GPS _____

Carrier References

States / Zones Served

1) _____	Zone 1 – CT-DE-MA-MD-NH-NJ-NY-PA-RI-VT _____
2) _____	Zone 2 – KY-OH-VA-WV _____
3) _____	Zone 3 – IL-IN-MI _____
4) _____	Zone 4 – AL-FL-GA-MS-NC-SC-TN _____
	Zone 5 – MN-MT-ND-SD-WI _____
	Zone 6 – CO-IA-KS-MO-NE-WY _____
	Zone 7 - AR-LA-NM-OK-TX _____
	Zone 8 - CA-AZ-ID-NV-OR-UT-WA _____

Signed

Title

Date