SMITH & CO-2 LLC

Carrier Onboarding Information Form

Complete all applicable fields | (775) 501-7132 | admin@smithcologistics.com

Legal business name	_____
DBA / trade name (if any)	_____
Business address	_____
City / State / ZIP	_____
Dispatch contact / title	_____
Phone / email	_____
After-hours contact	_____
USDOT number	_____
MC / FF / MX number (if applicable)	_____
Equipment types	_____
Operating radius / lanes	_____
Payment/remittance contact	_____
Remittance address / email	_____

Carrier submission checklist

- Completed carrier onboarding information form.
- Current IRS Form W-9 (use the official IRS form linked in this packet).
- Current certificate of insurance (COI) supplied by the insurance agent.
- Proof of active operating authority and applicable USDOT / MC information.
- Factoring notice and Notice of Assignment, if applicable.
- Signed carrier-broker agreement and any load-specific rate confirmation.

Carrier representations

- Carrier states that information submitted is accurate and will promptly notify Smith & Co-2 LLC of material changes.
- Carrier is responsible for maintaining all required operating authority, registrations, insurance, permits, equipment, and qualified drivers.
- Carrier must not re-broker, subcontract, or transfer a shipment without prior written authorization where prohibited by the governing agreement or applicable law.
- Submitting this form does not guarantee load offers or acceptance.

Certification

I certify that I am authorized to submit this information on behalf of the carrier and that it is true and complete to the best of my knowledge.

Authorized representative: _____ Title: _____

Signature: _____ Date: _____

Return completed documents to admin@smithcologistics.com.

Privacy reminder: Do not send a Social Security number or tax identification number in an unsecured email. Use a secure delivery method when available.