# SMITH & CO-2 LLC

## Shipper Information & Setup Form

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

| | |
|---|---|
| **Legal business name** | _____ |
| **DBA / trade name** | _____ |
| **Billing address** | _____ |
| **City / State / ZIP** | _____ |
| **Accounts payable contact** | _____ |
| **Phone / email** | _____ |
| **Invoice submission method** | _____ |
| **Business website** | _____ |
| **Type of goods / commodities** | _____ |
| **Typical shipment volume** | _____ |
| **Primary lanes / locations** | _____ |
| **Preferred payment terms (requested)** | _____ |

### Shipper setup checklist

- Complete this shipper information form.
- Provide a completed IRS Form W-9 for your business if requested for vendor setup.
- Complete the credit application if requesting credit terms.
- Review and sign the shipper-broker transportation services agreement.
- Provide pickup and delivery contacts, facility hours, appointment rules, and special handling requirements for each load.

### Authorization and accuracy

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

Authorized representative: _____ Title: _____

Signature: _____ Date: _____

Return completed documents to admin@smithcologistics.com.

Privacy reminder: do not send tax identification numbers through unsecured email. Use a secure delivery method when available.