



Driving Your Business is Our Business

210 N. Oregon Ave Office: 509-545-3050
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CARRIER PROFILE

Company Name: Address: Street City /State Postal/Zip Code
Phone #: Fax #: Cell#:

Type: (please circle one) Sole Proprietorship Partnership Corporation

Name of Owner(s)/President: Name of Director(s):

SS# or Federal ID No.: Country/State of Incorporation: MC# DOT #:

Dispatch Contacts: Name Phone Cell

Lanes Preferred: Equipment: Trucks: Refers: Other: California Carb Compliant? Yes No

CARRIER PAYMENT AND ADVANCES

Payment Options (please select)

Check Direct Deposit (Account information portion of this form must be completed)

Factor Name of Factoring Company: Address: Street City /State Postal/Zip Code

Authorization Agreement

I hereby authorize R & R Trucking Logistics Inc., to initiate automatic deposits to my account at the financial institution named below. I also authorize R & R Trucking Logistics Inc., to make withdrawals from this account in the event that a credit entry is made in error. Further, I agree not to hold R & R Trucking Logistics Inc., responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account. This agreement will remain in effect until R & R Trucking Logistics Inc., receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form.

Account Information

Name of Financial Institution: Checking Savings Address:

Routing #: Account #: e-mail or fax number:

This will be used to send your remittance for the deposits we make.

Please select preferred pay term:

Quick Pay - 3% Paid within 48 hours of delivery - Monday through Friday. \*\*
25 Day - Standard terms (No fees) - Paid in 25 days after Invoice is received. \*\*

\*\* Provided an invoice and all bills of lading have been received, are signed clean, and no claims are outstanding.

Please select advance terms:

No Advances Advance Advances Required - 2% of advance - minimum of \$25.00. Comcheck Other

PLEASE ATTACHED THESE DOCUMENTS

Sign and date Broker Carrier Agreement Complete W-9 form or W-8ECl for Canadian Carriers Copy of Operating Authorities Certificate of Insurance Insurance Agent Phone #:

Signature: Title: Date: MC#:

Fax (509)543-9101 or Email admin@rnadrtruckinginc.com completed form and a copy of a voided check.