



To: New Carrier

Welcome! We look forward to working with you. As a new carrier for us, we need your information so we can enter you into our system. Please fax us the following information to **(402) 829-5150**:

- ❖ A signed **W-9 form**
- ❖ A *copy* of your **motor carrier's authority** (letter declaring your MC or USDOT #)
- ❖ Please fill out attached **carrier profile** for our records.
**Your personal information will not be given to anyone outside West Plains Co., CT Freight Service, or CT Livestock Services.*
- ❖ Please have your *insurance agent* contact either Bob at 800-950-3933 or Kyra at 800-950-5242 so that the insurance comes directly from the insurance agent with us listed as a certificate holder.

Please fax all invoices to the following fax number:

CT Livestock Services
14210 Hillside Circle
Omaha, NE 68137

Bob Phone # (800) 950-3933
Kyra Phone # (800) 950-5242
Fax # (402) 829-5150

We look forward to conducting business with you in the years ahead! Thank you in advance for sending us your information. We need to receive all of the above information to prevent a delay in payment. If you have any questions with livestock billing/payment or our carrier requirements please feel free to contact me directly on my direct line (800) 950-5242 or email me at kyrap@ctfreightservices.com.

CT Office use only:
Approved CT Carrier #

Carrier Profile

*Please Print Legibly!

Broker _____ Carrier _____

Date _____

Company information

Carrier Name: _____

Payment Address:

Physical Address:

MC# _____

Federal EIN # _____

Main Phone _____

Fax _____

Secondary Phone _____

After Hours/Emergency _____

Email _____

Main contact _____

A/R contact _____

Contact at CT _____

Insurance information

Insurance Company _____

Insurance Agent _____

Phone _____

Fax _____

Equipment information (Please indicate number of each trailer you own)

____ Hoppers ____ Flat Beds ____ Dry Vans ____ Refers ____ End Dumps ____ Auger

____ Container ____ Pneumatic ____ Convertible ____ Belt ____ Walking Floor

____ Livestock ____ Tanker ____ Step-Deck ____ Other: _____

Additional information besides required paperwork is appreciated. Please send with this profile.

CT Office use only:

Approved: Y/N Date: _____ SAFER Rating: _____