



# SNOWLAND FREIGHT SERVICES, INC.

## New Carrier Information Form

Legal Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Local: \_\_\_\_\_ Watts: \_\_\_\_\_ Fax: \_\_\_\_\_

Dispatch Contact #1: \_\_\_\_\_ e-mail: \_\_\_\_\_

Dispatch Contact #2: \_\_\_\_\_ e-mail: \_\_\_\_\_

SCAC Code: \_\_\_\_\_ Website: \_\_\_\_\_

*Would you like to receive our available load list via e-mail? Yes/No*

Equipment Types *(Circle all that apply)*: Reefer/Van/Flat/Other \_\_\_\_\_

Trailer Length *(Circle all that apply)*: 53/48/Other \_\_\_\_\_

Number of Trucks: \_\_\_\_\_ Pallet Exchange? Yes/No Hazmat? Yes/No

MC# \_\_\_\_\_ Federal ID# \_\_\_\_\_

References 1) \_\_\_\_\_ 2) \_\_\_\_\_

States Serviced or Areas of Operation:

**Please fax this page along with the following information to 651-455-1809.**

**1) Contract Operating Authority**

**2) W9 showing Federal ID#**

\* Do you require a 1099? Yes/No

**3) Cargo, Auto Liability & Workers Compensation insurance certificate**