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**Buffalo**

Atlanta

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Trenton

Walnut

**WE MUST BE PROVIDED WITH THE FOLLOWING INFORMATION  
BEFORE ANY PAYMENTS CAN BE PROCESSED TO YOUR COMPANY.**

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP CODE: \_\_\_\_\_

M.C.#: \_\_\_\_\_ SCAC: \_\_\_\_\_ FEDERAL ID.#: \_\_\_\_\_

D.O.T. RATING: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EQUIPMENT TYPE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

- The FHWA requires that we have a copy of your operating authority covering the commodities of freight and areas in which you authorized to operate.
- We have received an incomplete copy of your operating authority. We need the reverse side (page 2) which states the commodities of freight and areas in which you are authorized to operate.
- We need a certificate of insurance with us listed as a certificate holder:
  - cargo insurance       auto liability       workman's compensation
- The insurance certificate we have on file is expired. Please send a current certificate of:
  - cargo insurance       auto liability workman's compensation
- Federal ID. or social security number (form W-9 preferred).
- Please sign and return one copy of the enclosed motor carrier contract.

If we can be of any assistance, please feel free to contact us. Thank you.

**\*\*PLEASE PROVIDE US WITH THREE (3) SERVICE REFERENCES\*\***

**PLEASE FAX THIS FORM TO (716) 276-2087 AS SOON AS POSSIBLE**

