



NEW CARRIER INFORMATION REQUEST

Carrier Name: _____

Street Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

If you have a factoring company list here and fax a copy of your factoring letter along with this packet.

*****NOTE: WE DO NOT DO BUSINESS WITH RIVIERA FINANCE – OTHER ARRANGEMENTS MUST BE MADE PRIOR TO LOADING*****

PLEASE COMPLETE THE FOLLOWING:

Contact: _____ Phone: _____

_____ After Hours#: _____

Fax#: _____ Incorporated? Yes _____ No _____

Fed. ID#: _____ MC#: _____

Ins. Co. Name: _____ Ins Co Phone #: _____

THE FOLLOWING MUST BE COMPLETED IN FULL TO LOAD!!!!

Please check the lanes or circle the states you prefer:

____ Zone 1 = CT DE MA MD ME NH NJ NY PA RI VT

____ Zone 2 = KY OH VA WV

____ Zone 3 = IL IN MI

____ Zone 4 = AL FL GA MS NC SC TN

____ Zone 5 = MN MT ND SD WI

____ Zone 6 = CO IA KS MO NE WY

____ Zone 7 = AR LA NM OK TX

____ Zone 8 = CA AZ ID NV OR UT WA

Equipment information:

of Reefers: 48' _____ 53' _____

of Vans: 48 / 53: _____

of Flats: _____

Haz Mat Certified? Yes _____ No _____

Do you prefer LTL _____ or TL? _____

Are drivers allowed to receive advances? Yes ___ No ___

Are trucks equipped with GPS _____ Satellite _____ Cell Phone _____ (check all that apply)