



400 13th Street
Albany, MN 56307
Ph: 320-845-4500
Fax: 1-320-845-7245

Carrier Name: _____

Address: _____

City: _____ State: _____ Zip: _____

800 Telephone #: _____ Telephone #: _____

Fax #: _____ MC #: _____ DOT #: _____

Dispatchers Name(s): _____

After Hours Emergency #: _____

Are you incorporated? _____ State: _____
(Y/N)

Federal ID or Tax ID Number: _____

Insurance Company (not agent): _____

Policy #: _____ Exp. Date: _____ Cargo Ins. \$: _____

Email for available load list: _____

Indicate the amount and types of equipment you run:

Tractors _____ Reefers _____ Vans _____ Flats _____

Items we need from the Carrier

1. Signed Load Confirmation Sheet
2. Signed Transportation Contract
3. Copy of Authority Fed ID# (W-9) for completed
4. Insurance Certificate showing Ramler Truck Brokerage as Additional Insured