Triumph TRANSACT CONFIDENTLY

Carrier Packet Checklist

The following pages can be edited and organized within your PDF reader, such as Adobe Acrobat.

Feel free to delete all pages that are not applicable or are just meant for reference.

- [ ] **Blank W9**
- [ ] **Space for Standard SCAC Renewal**
- [ ] **Space for Proof of Authority**
- [ ] **Invoice**
- [ ] **Bill of Lading**
- [ ] **Key Contacts**
- [ ] **Carrier Profile Form**

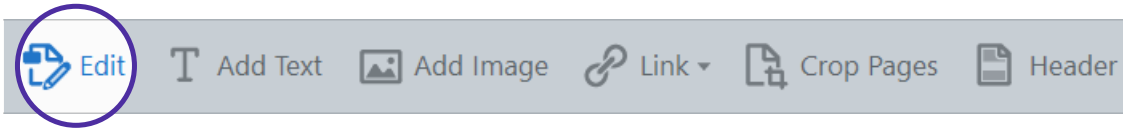
How to Edit Your Carrier Packet

Delete items

1. Open the Carrier Packet PDF in Acrobat.

2. 

In the top task bar, click edit text and images.

3. 

Click edit.

4. 

Every item on the page will become clickable. You can, now, click and push delete to get rid of text boxes, images, lines, etc. Delete all pages that are not applicable or just meant for reference.

How to Edit Your Carrier Packet

Paste documents onto page

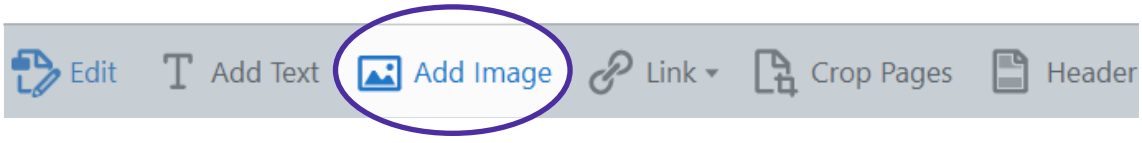
1. Save your document as a .jpeg or .png.

2. 

In the top task bar, click edit text and images.

3. 

Delete place holder elements.

4. 

Click add image and place the image where it needs to go.

How to Edit Your Carrier Packet

Fill in forms

1. 

In the top task bar, click the close button on the top right to complete deleting and adding images.

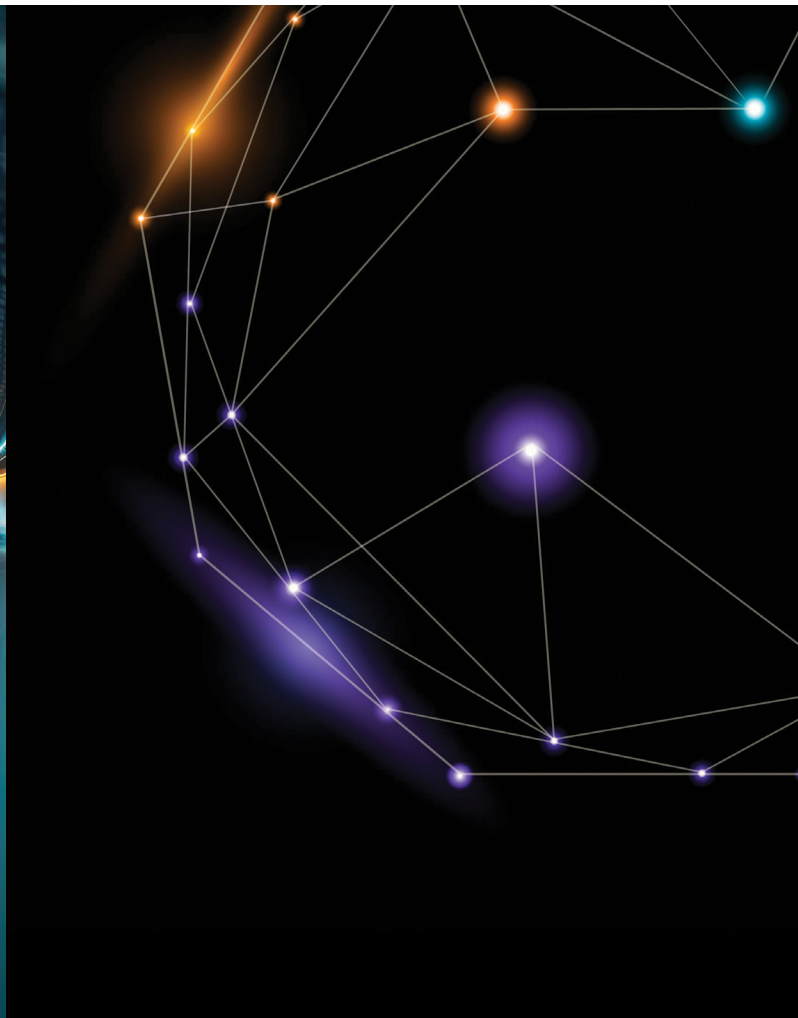
2. 

Click light blue areas within the form and type what's needed.

3. 

Click save to save changes.

LOGO HERE



Replace page with fillable W9

LOGO
HERE

PLACE STANDARD CARRIER ALPHA CODE RENEWAL DOCUMENT HERE

LOGO
HERE

PLACE PROOF OF AUTHORITY HERE

LOGO
HERE

PLACE NOTICE OF ASSIGNMENT HERE

DELETE PAGE BEFORE SENDING

COMPANY NAME
SLOGAN GOES HERE

Assigned for BUZZ CARRIERS

P.O. Box 0123
(866) 999-9999

Date	Invoice #
3/5/2024	11111

Ref Number
123456ORG

Bill to:
ALL TRUCK
452 HERE ST
WHERE, TX 99991

Description: FREIGHT SERVICES RENDERED
Origin: Anywhere, OK
Destination: Somewhere, TX

Contract Amount: $700.00

Other Charges and Adjustments:

Net Invoice Amount $700.00

Your Reference Nbr: 123456ORG

For paperwork requests please email requests@truckingcompany.com.

CLAIMS OR OFFSETS SHOULD BE DIRECTED TO (866) 414-9600.
JURISDICTION FOR ANY LEGAL DISPUTES WILL BE IN DALLAS COUNTY, TEXAS

Term - Net 30 Days

Your logo here

Assigned for

Date	Invoice #

Bill to:

Ref Number

Description:
Origin:
Destination:

Contract Amount: _____

Other Charges and Adjustments:

Net Invoice Amount _____

Your Reference Nbr:

For paperwork requests, please email

CLAIMS OR OFFSETS SHOULD BE DIRECTED TO

JURISDICTION FOR ANY LEGAL DISPUTES WILL BE IN

Term - Net 30 Days

DELETE THIS PAGE BEFORE SENDING

Date: 3/4/2024

BILL OF LADING

Page 1 of 1

SHIP FROM

Name: Julie's Oranges
Address: 1234 Round Rd
City/State/Zip: Anywhere, OK 33333
SID#:
FOB: ☐

Bill of Lading Number: 123456ORG

BAR CODE SPACE

SHIP TO

Name: Walmart
Location #:
Address: 5678 Atlantic Ave
City/State/Zip: Somewhere, TX 99999
CID#:
FOB: ☐

CARRIER NAME: Buzz Carr ie
Trailer number: 987
Seal number(s):

SCAC: BUZZ
Pro number:

BAR CODE SPACE

THIRD PARTY FREIGHT CHARGES BILL TO:

Name: All Truck
Address: 452 Here St
City/State/Zip: Where, TX 99991

SPECIAL INSTRUCTIONS:

Freight Charge Terms:
Prepaid _____ Collect _____ 3rd Party X

☐ (check box) Master Bill of Lading: with attached underlying Bills of Lading

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP Y	or N	ADDITIONAL SHIPPER INFO
1201324	10	26925	Y		
GRAND TOTAL	5	26925			

CARRIER INFORMATION

HANDLING UNIT QTY	HANDLING UNIT TYPE	PACKAGE QTY	PACKAGE TYPE	WEIGHT	H.M. (X)	COMMODITY DESCRIPTION (Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360)	LTL ONLY NMFC #	LTL ONLY CLASS
10	skid			26925	N	Oranges		
						GRAND TOTAL		

3/5/24

RECEIVING STAMP SPACE

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:

"The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."

COD Amount: $ _____

Fee Terms: Collect: ☐ Prepaid: ☐
Customer check acceptable: ☐

NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. - 14706(c)(1)(A) and (B).

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

_____ **Shipper Signature**

SHIPPER SIGNATURE / DATE

This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.

Julie 3/4/24

Trailer Loaded:
☑ By Shipper
☐ By Driver

Freight Counted:
☐ By Shipper
☑ By Driver/pallets said to contain
☐ By Driver/Pieces

CARRIER SIGNATURE / PICKUP DATE

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.

Bill 3/4/24

Date:

BILL OF LADING

Page 1 of 1

SHIP FROM

Name:
Address:
City/State/Zip:
SID#: FOB: ☐

Bill of Lading Number: 123456ORG

BAR CODE SPACE

SHIP TO

Name: Location #:
Address:
City/State/Zip:
CID#: FOB: ☐

CARRIER NAME:
Trailer number:
Seal number(s):

SCAC:
Pro number:

BAR CODE SPACE

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
Address:
City/State/Zip:

SPECIAL INSTRUCTIONS:

Freight Charge Terms:
Prepaid _____ **Collect** _____ **3rd Party** _____

☐ (check box) Master Bill of Lading: with attached underlying Bills of Lading

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP Y or N		ADDITIONAL SHIPPER INFO
GRAND TOTAL	5	26925			

CARRIER INFORMATION

HANDLING UNIT QTY	HANDLING UNIT TYPE	PACKAGE QTY	PACKAGE TYPE	WEIGHT	H.M. (X)	COMMODITY DESCRIPTION (Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. *See Section 2(e) of NMFC Item 360*)	LTL ONLY NMFC #	LTL ONLY CLASS
						GRAND TOTAL		

RECEIVING STAMP SPACE

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:

"The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."

COD Amount: $ _____

Fee Terms: **Collect:** ☐ **Prepaid:** ☐
Customer check acceptable: ☐

NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. - 14706(c)(1)(A) and (B).

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

_____ **Shipper Signature**

SHIPPER SIGNATURE / DATE

This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.

Trailer Loaded:
☐ By Shipper
☐ By Driver

Freight Counted:
☐ By Shipper
☐ By Driver/pallets said to contain
☐ By Driver/Pieces

CARRIER SIGNATURE / PICKUP DATE

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.

LOGO HERE

DELETE THIS PAGE BEFORE SENDING

FICTIONAL COMPANY, INC. AND AFFILIATES:

Fictional Company, Inc.	**DOT — 2221834**
Mary Poppins, Inc.	**DOT — 2221834**
Orange Soda, Inc.	**DOT — 2221834**
Steel Magnolias, Inc.	**DOT — 2221834**

KEY CONTACTS:

Vice President of Operations:
Luna Valwood 412-999-8888 luna.valwood@fictionalcompany.com

Director of Linehaul of Operations:
Luna Valwood 412-999-8888 luna.valwood@fictionalcompany.com

A/P Manager:
Luna Valwood 412-999-8888 luna.valwood@fictionalcompany.com

Chicago Office: 234-567-8911 truckload@fictionalcompany.com

Los Angeles Office: 234-567-8911 truckload@fictionalcompany.com

LOGO
HERE

KEY CONTACTS:

LOGO
HERE

CARRIER PROFILE FORM

Carrier Legal Name:

DBA:

Custom Contact:

MC/FF#:

DOT#:

SCAC Code:

Type of Authority: ☐ **Motor Carrier** ☐ **Instratate (list state)**

☐ **Freight Forwarder** ☐ **Freight Broker**

Federal Tax id:

Physical Address:

Remit Address:

Hazmat Certified: ☐ **yes** ☐ **no** **If yes, Hazmat Reg#**

Edi Compatible: ☐ **yes** ☐ **no** **Liquor Permit:** ☐ **yes** ☐ **no**

LOGO
HERE

Owner/President:

Name:
Phone:
Email:

Dispatch:

Name:
Phone:
Email:

Accounting:

Name:
Phone:
Email:

Claims:

Name:
Phone:
Email:

Safety manager:

Name:
Phone:
Email:

After hours:

Name:
Phone:
Email:

LOGO
HERE

TRAILER AND DRIVER INFO:

Total # of Trailers: **Total # of Trucks:**

Total # of Drivers: **Flat:** **Van:**

Reefer: **Lowboy/RGN:** **Double Drop:**

Curtainside Van: **Hotshot:** **Sprinter Van:**

Step Deck: **Owner/Ops:** **Company Drivers:**

Teams: **Hazmat Drivers:** **Power Only:**

TWIC Cards:

Special Services:

White Glove ☐ **Drayage** ☐ **Cartage** ☐ **Warehousing** ☐

Transloading ☐ **Last Mile** ☐ **Drop Trailer** ☐

Yard locations:

Main Yard:

Secondary Yard:

Additional Yard:

yard security:

Well-lit ☐ **Fence** ☐ **Video Suirveillance** ☐

Security Guard ☐ **Enclosed Warehouse** ☐

LOGO
HERE

REFERENCES (MUST PROVIDE 3)

Company Name:
Contact Person:
Phone Number:
Email:

Company Name:
Contact Person:
Phone Number:
Email:

Company Name:
Contact Person:
Phone Number:
Email:

Company Name:
Contact Person:
Phone Number:
Email:

List any possible business affiliations: