



TRYON TRUCKING, INC.
TRYON TRUCKING, INC.

P.O. Box 68 Fairless Hills, PA 19030
PHONE: 215-295-6622 FAX: 215-295-7168
800-523-5254

Date: _____

Phone Number: _____

Fax Number: _____

Motor Carrier: _____

Attention to: _____

From: _____ (Broker)

Number of Pages Including this Cover: _____

PLEASE REVIEW THE FOLLOWING DOCUMENTS AND RETURN VIA FAX (LISTED ABOVE) THE FOLLOWING IN ORDER TO INITIATE THE BROKER/CARRIER AGREEMENT.

REVIEW:

1. Carrier Agreement Broker/Contract _____
2. Broker Trade/Bank/Carrier References _____
3. Broker Authority _____
4. Broker Surety Bond _____
5. Carrier W-9 Certificate _____
6. Broker Load Confirmation Sheet _____

MOTOR CARRIER SIGN & FAX TO BROKER:

1. Page 2 of Broker/Contract Carrier Agreement _____
2. Motor Carrier Contract Authority, Page 1 and 2 _____
3. Carrier Most Recent DOT Rating _____
4. Certificate of Insurance (Liability & Cargo) _____
Naming Tryon Trucking, Inc. as Certificate Holder
5. Original Insurance Certificate to be Mailed _____
6. Completed W-9 Certificate _____
7. Signed Broker Load Confirmation Sheet _____

ANY QUESTIONS REGARDING THE ABOVE PLEASE CONTACT TRACY WRIGHT OR STEVE WEIDNER.

ALL REQUIRED DOCUMENTS MUST BE SIGNED AND ON FILE TO FINALIZE THE CARRIER BROKER/CONTRACT AGREEMENT AND TO PLEASE PAYMENT OF FREIGHT BILL.

SINCERELY,

KARL E. ROTHER, VP/GM