



**Central Refrigerated Service, Inc.**  
**Intermodal Division**  
**Attn: Intermodal Manager**  
**5175 W. 2100 S.**  
**West Valley City, UT. 84120-1252**  
**Phone: (800) 777-9100 x-7039**  
**Fax: (800) 914-8752**

Dear Carrier/Partner Applicant:

We appreciate your interest in becoming an approved carrier for Central Refrigerated Service, Inc. We offer competitive rates, prompt settlements and experienced professionals. To help you become an approved carrier, please complete and send us the following information:

- Insurance Certificate – A letter is attached which you can forward to your insurance provider
- A copy of your current Operating Authority license
- A copy of your DOT Safety Rating (must be satisfactory)
- Central Drayage Contract (must be signed by your company)
- W-9 Form for taxpayer identification number and certification

\*To ensure prompt payment for your services, please review Central's billing information sheet.

Please return this information by fax, 800 914 8752 utilizing the attached Fax Cover Sheet.

Thanks for your interest. We look forward to partnering with you.

Sincerely,

Central Refrigerated Service, Inc.  
Intermodal Division



**Send Fax To: (800) 914-8752**



**CARRIER APPLICANT**

PLEASE FAX THIS LETTER TO YOUR INSURANCE AGENT

**To:** \_\_\_\_\_

**Insured:** \_\_\_\_\_

**RE: CERTIFICATE OF INSURANCE**

Dear Insurance Agent:

This fax is to request a signed, certificate of insurance on the above Insured. Please include the following information:

1. Coverage (whichever applies)
    - Auto liability (minimum \$1,000,000 policy – U.S. funds)
    - Cargo liability (minimum \$100,000 policy – U. S. funds)
  2. Please make out the Certificate to the following company:
    - Central Refrigerated Service, Inc.
    - 5175 W. 2100 S. West Valley City, UT. 84120-1252
1. It is required that the above-listed companies in item 2 be named as **ADDITIONAL INSURED** or be named **CERTIFICATE HOLDER** with a 30-day cancellation notice. **THE CERTIFICATE(S) MUST BE SIGNED.**
  2. Please indicate whether the Insured has **ALL RISK** or the **BROAD FORM** type of cargo insurance.

Note to Insurance Agent / Please FAX the requested information to:

Central Refrigerated Service, Inc.  
Attn: Intermodal Department

Please call (800-777-9100 x-7039) if you have any questions. Thank you for your quick response.

**CENTRAL REFRIGERATED SERVICE, INC. - INTERMODAL SERVICES**

The Internal Revenue Service requires us to have a W-9 on file for all payees containing certain taxpayer identification information. This is used to determine whether or not we should file information Form 1099-MISC annually for a specific payee, and if so, what name and identification number we should use.

If your business is incorporated or a partnership, then give us the name of the corporation or partnership according to your tax returns, along with the matching Federal ID number. If this business is an individual doing business as (d.b.a.), then we will need your individual name and Social Security Number.

Please complete the substitute W-9 with the necessary information in the box that is appropriate for your business and return it to us.

**CORPORATIONS**

Corporation Name \_\_\_\_\_ State of Incorporation \_\_\_\_\_

Corporation's Federal Tax ID# \_\_\_\_\_

**PARTNERSHIPS OR SOLE PROPRIETORSHIPS**

Business name (as used for tax purposes) \_\_\_\_\_

Federal Tax ID# \_\_\_\_\_ or Social Security # \_\_\_\_\_

\_\_\_\_\_  
Carrier Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Name (please print)

**Certification**

*Under penalties of perjury, I certify that: (1) the number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and (2) I am not subject to backup withholding because (a) I am exempt from backup withholding or (b) I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.*

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_



## **CENTRAL REFRIGERATED SERVICE INC. - INTERMODAL SERVICES**

### **BILLING INFORMATION**

It is the goal of Central Refrigerated to pay carriers promptly and efficiently for their services. Please submit the following (necessary) paperwork with each individual invoice.

- 1) Original bill of lading.
- 2) Delivery receipt, delivery signature
- 3) Your company's invoice at the agreed upon rate
- 4) Copy of the rate confirmation sheet.

**\*All documents listed above must reference the Central trip number provided on the rate confirmation sheet.**

Please send/mail all paperwork to the following address:

Central Refrigerated Service Inc.  
Attn: Intermodal Manager  
5175 W. 2100 S.  
West Valley City, UT. 84120-1252