



Please fill out completely and send back to
216.475.1579 or **vendorpackets@garick.com**

YOU MUST INCLUDE ALL THE FOLLOWING ITEMS IN ORDER TO PROCESS PAYMENT FOR YOUR SERVICES



We must receive:

- 4 pages of Vendor packet filled out completely and signed
 - P1. Contact information
 - P2. Survey
 - P3. Payment terms (for “Quick Pay” include voided check)
 - P4/P5. Carrier agreement

- If “**Quick Pay**” is selected you must include a **voided check**
You can view your account online at **Vendors.Garick.com**

- If using a **Factoring Company**, submit letter of assignment to the fax# above

- COI from insurance company (MUST HAVE GARICK LLC AS **CERTIFICATE HOLDER**)
 - Garick LLC
 - 13600 Broadway Ave.
 - Cleveland, OH 44125
 - ***Certificates that do not have GARICK LLC as the certificate holder will **NOT** be considered

- Copy of Certificate of Authority

- Copy of W-9- Incorrect W9 information will result in delayed payments.

Thank you.

REMEMBER: YOU MUST INCLUDE ALL THE FOLLOWING ITEMS IN ORDER TO PROCESS PAYMENT FOR YOUR SERVICES

Vendor packets submitted to destinations other than 216.475.1579 or vendorpackets@garick.com will not be processed
***Please do not send POD documents to either of these destinations ***



TRANSPORTATION PROVIDER VENDOR INFORMATION SHEET

THIS PACKET WILL NOT BE PROCESSED WITHOUT ALL THE REQUIRED INFORMATION. THIS MAY RESULT IN DELAY OF PAYMENT - Please Include all the information listed on the cover page.

Contact Information

Contact Info –Business

Business/Individual Name: _____ DBA _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ - _____ Toll-Free: (____) _____ - _____ Fax*: (____) _____ - _____

Website: http:// _____ Email*: _____

Contact Info – Dispatch

Manager: _____ MC#: _____

Email*: _____ Phone: (____) _____ - _____ Fax*: (____) _____ - _____

After Hours Contact*: _____ Phone: (____) _____ - _____ Email: _____

Contact Info -Accounting - Accounts Receivable

Manager: _____ Phone: (____) _____ - _____

Fax*: (____) _____ - _____ Email*: _____

Accounts Payable

Check if address is the same as business address

Mailing Address: _____

City: _____ State: _____ Zip: _____

**By providing your fax# and/or email address, you are authorizing Garick & GarTran to correspond with you via those methods. Accounts can be monitored online at vendors.garick.com.*

Tax Information

Tax Identification – Please fill out the information below and **INCLUDE a W-9 form**

If you are an **Individual**, enter the following: SSN: _____ - _____ - _____ Full Name: _____

If you are a **Company**, enter your Federal Tax ID# _____ - _____ If you are a **Company**, please select the type of company

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Corporation |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> L.T.D. |
| <input type="checkbox"/> L.L.P. | <input type="checkbox"/> L.L.C |

W9 Information

By signing below, I certify that 1) The tax identification number above is correct, 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 (IRS) 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, and 3) I am a U.S. person (including a U.S. resident alien). The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature of U.S. person: _____ **Date:** _____

Printed Name of U.S. person: _____ **Title:** _____



TRANSPORTATION PROVIDER VENDOR INFORMATION SHEET

Transportation Provider Survey

1. *If you would like to receive the Gar-Tran load list via fax or e-mail please choose below:*

- Please send me the Gar-Tran load list via Fax
- Please send me the Gar-Tran load list via E-mail

You can view our current loads at <http://www.gartran.com>!

2. *How did you hear about us? (Check all that apply):*

- Internet (what website?) _____
- Fax
- E-mail
- Other _____

3. *To help us provide our customers with proper equipment, please fill out this form:*

TYPE OF TRAILER	NUMBER OF UNITS	TRAILER DIMENSIONS	TRAILER CAPACITY CUBIC YARDS	TRAILER CAPACITY TONS	LICENSED STATES
Flat Bed					
Dry Van					
Spider Trucks (forklift)					
End Dump					
Live Floor					
Hopper					
Other					

Are you interested in advertising your company on Gartran? Please provide contact information below and we will have a representative contact you with more information.

Contact name: _____ **Phone:** (____) _____ - _____ **Email:** _____

Please complete entire vendor packet and return via fax to 216-475-1579



TRANSPORTATION PROVIDER VENDOR INFORMATION SHEET

Choose Your Payment Terms

Must select one - If no box is selected, payment will automatically **default to Net 60 Days** (paper check)

Standard Terms

- Net 60 days (Direct Deposit Program, \$7.00 fee per transaction)
- Net 60 Days (paper check)

Quick Pay (free direct deposit, \$7.00 fee is waived)

- 10 days, 5% discount, Net 60
- 15 days, 3% discount, Net 60

INCLUDE VOIDED CHECK FOR QUICK PAY

For Direct Deposit & Quick Pay:

1. Check appropriate box above
2. Enter your email address: _____ (required)
3. **Must include a VOIDED CHECK** (Fax: 216-475-1579)

*****Accounts may be viewed online at Vendors.Garick.com*****

Note: Hand written changes to this form are NOT accepted.

Are your loads paid through a factoring company? Yes _____ No _____

Factoring Company Name: _____

Factoring Company Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____

Phone #: _____ Fax #: _____

*****Please include a letter of assignment from your factoring company*****

Quick Pay Program

- GarTran is partnering with Supply Chain Financial (SCF) to offer you quick and easy payments directly into your checking account.
- SCF direct deposits your payment within 10 days of confirmed delivery, for a 5% discount. You can also choose a 3% discount and be paid with 15 days of confirmed delivery.
- Both options include direct deposit into your bank account with no

additional fee.

Direct Deposit Program

- Paper checks can be eliminated through our direct deposit program.
- When you choose standard terms, payments can be directly deposited into any account with no discount, for a fee of \$7.00 per transaction.

Benefits of the Quick Pay & Direct Deposit Programs:

- No lost checks
- Deposited funds are immediately available
- No waiting for the mail
- Deposit notification via email
- No trips to the bank
- Reduce administrative costs

Signature confirms acceptance of the terms chosen above.

Company: _____ **MC #** _____

Signature: _____ **Date:** _____



TRANSPORTATION PROVIDER VENDOR INFORMATION SHEET

PLEASE PRINT CLEARLY
Truck Carrier Agreement

- No truck will be loaded without a **Garick GO#**. Nor can the same GO# be used for more than one load. Carriers who load the same GO in duplicate do so at their own expense. Please contact your Transportation team Dispatcher if you do not have a Garick GO number.
- If order is for one (1) full truckload, load to max by volume or weight, whichever occurs first? If the order is for a specific amount, load the listed quantity. If the listed quantity can't be loaded, your dispatcher must call the Procurement Team for instructions. Garick will not be responsible for any truck recorded as overweight. All loads **MUST** be secured by straps or load locks. Carriers who fail to secure loads will be responsible for all charges related to damage.
- **Services:**
 - Carrier agrees to safely, promptly and efficiently transport all shipments tendered to it by Garick and Gartran.
 - Carrier is fully qualified and adequately equipped to perform the transportation services contemplated hereby and carrier has and will continue to comply with the regulations of the Bureau of Motor Carrier Safety of the Department of Transportation including drivers' hours of service and records thereof, driver qualification requirements, physical, and equipment maintenance standards and reports.
 - Carrier certifies they will not re-broker, assign or interline the shipments hereunder, without prior written consent from Garick and Gartran.
 - Carrier must maintain a **Satisfactory** Safety Rating. Should rating change to Unsatisfactory or Conditional, carrier shall notify Garick and Gartran immediately.
- **Customer Solicitation:** Acceptance by carrier of a load offered by Garick and Gartran will constitute carrier's recognition that the shipper of the load is a customer of Garick and Gartran. Carrier agrees not to solicit or accept, directly or indirectly, shipments from Garick and Gartran customers, from anyone other than Garick or Gartran. The solicitation policy remains in effect for a period of twelve months after termination of this agreement. In the event of a breach of this provision, Garick and Gartran will be entitled to a commission of fifty percent of the gross transportation revenue received by carrier from Garick and Gartran customer.
_____ (carrier initials required)
- **Insurance Requirements:** At all times and at its own expense, Carrier will maintain insurance on trucks, trailers, and cargo. Carriers are also required to provide Garick with a valid (non-expired) COI (certificate of insurance). Garick should be specified as the certificate holder. Carrier will supply Garick and Gartran with updated COI's each time insurance is updated. COI's may be emailed to vendorpackets@garick.com or faxed to 216-475-1579.
- **Delivery Appointments:** Carriers are to email all delivery appointments daily to appointments@garick.com. Any trucker not able to pick up and/or deliver a load on the day scheduled must call the Garick office IMMEDIATELY. Carriers are **not** to deliver without a valid delivery appointment with the customer. Missed appointments, non-scheduled deliveries, and/or dropped loads can result in Garick assumed charges from our customers. These charges will be passed to carriers.
NOTE: For loads delivered late, Garick reserves the right to assess a \$50/day penalty.
For loads not delivered/dropped, there is a \$200 re-dispatch fee.
- **DETENTION POLICY:** Drivers are required to sign in and out when picking up a load. Should additional loading/wait time incur, carrier must contact Garick on the day of detention. Failure to comply with the above will relieve Garick of any responsibility in regard to paying detention.

The first two hours of loading/wait time incurred by carrier at any loading facility will be at no charge. Except for peak hours between 10:00AM and 2:00PM where the loading/wait time incurred at no charge will be four hours. Garick will issue \$25.00 for each additional hour incurred by a carrier after the required load/wait time is met. Garick will issue up to \$100.00 maximum per day in detention time for any carrier.

NOTE: Should carrier either arrive late or change the pick-up date from what was originally agreed upon; no detention will be paid. Your dispatcher must contact the Transport Team after a 1 hour wait. If detention occurs during delivery, customer must notate in and out time and sign.

TRANSPORTATION PROVIDER VENDOR INFORMATION SHEET

Truck Carrier Agreement

- **Standard Accessorial Charges for Truckload:** A REGIONAL SERVICE MANAGER FROM GARICK MUST APPROVE ALL

PLEASE PRINT CLEARLY

ACCESORIAL CHARGES – Carrier is responsible for getting approval prior to accepting load.

- Equipment ordered and not used is subject to a \$50 flat charge.
- Stops in transit - \$25 per extra stop excluding first
- Drop (unless otherwise approved by Transport Mgr)
- Loading/Unloading with pallet jack - \$50

- Any trucker loading bulk material for Garick in a dump or walking floor trailer **must** clean their trailer bed prior to loading. For a list of possible contaminants see “Contamination Warning” on www.gartran.com
- All loads must use a Garick bill of lading.
- Any trucker loading bulk material for Garick in a dump or walking floor trailer **must** clean their trailer bed prior to loading. For a list of possible contaminants see “Contamination Warning” on www.gartran.com . Carriers who fail to comply will be responsible for all charges incurred by Garick for contaminated product.
- All loads must use a Garick bill of lading.
- Carriers delivering freight on vans are required to use load locks. Carriers who fail to comply will be charged all fees related to damaged product or re-stacking.

• **PROOF OF DELIVERY REQUIRED FOR PAYMENT.**

Carriers will obtain proof of delivery based on customer requirements below. All carrier invoices must have the **Garick GO#** listed. Failure to provide the following documents will result in non-payment of your shipment:

1. Bill of Lading – signed POD as indicated below
2. Invoice
3. Rate Confirmation

• **CUSTOMER REQUIREMENTS ON BILL OF LADING:**

- **Home Depot – First and Last Name of Receiver and Key Rec # (on label attached to BOL) – There will be a \$25 fee assessed if no KEY REC STICKER or NUMBER is provided on the front of the BOL (please do not write the Key Rec number on the back of the BOL)**

- **Lowe’s – First and Last Name of Receiver and Clock #**

- **Wal-Mart & All Others – First and Last Name of Receiver**

- **Termination of Carrier Agreement-** The term of this agreement shall be for one (1) year, commencing on the execution hereof. This agreement shall be automatically renewed after this time. Carrier has the right to cancel this agreement at anytime by submitting a written request to our Transportation Department.

E-mail POD information to pod@garick.com or fax to 216-475-3721 (Please do not send any other information to this e-mail or fax – Any other information that does not pertain to POD documents sent to these destinations WILL NOT BE PROCESSED). You can also mail POD documents to the following address: 13600 Broadway Avenue. Cleveland, OH 44125.

Hand written changes to this agreement are NOT accepted

Please acknowledge by signing below you will abide by the above rules and regulations contained within this document, including the contamination warning before accepting loads for Garick/GarTran.

By: _____ Date: _____

Representing: _____ MC # _____