



Please fill out completely and fax back to 216.475.1579

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
 - P4. Carrier agreement
- COI from insurance company (MUST HAVE GARICK LLC AS CERTIFICATE HOLDER)

Garick LLC 13600 Broadway Ave. Cleveland, OH 44125
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***Certificates that do not have GARICK LLC as the certificate holder will **NOT** be considered

- Copy of Certificate of Authority
- Copy of W-9
- *NOTE*** If "**Quick Pay**" is selected you must include a voided check*

Thank you.

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



TRANSPORTATION PROVIDER VENDOR INFORMATION SHEET – (PAGE 1)

This packet will not be processed without all required information; which will result in delay of payment.

Please include: Vendor Information Sheets (pages 1 – 3), Signed Truck Carrier Agreement, Updated Insurance Certificate and Certificate of Authority

Contact Information

Contact Info - Business

Business/Individual Name: _____ DBA _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

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

Website: http:// _____ 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: _____

Dispatch

Manager: _____

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

MC#: _____

*By providing your fax# and/or email address, you are authorizing Garick & GarTran to correspond with you via those methods.

Tax Information

Tax Identification

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
Sole Proprietorship
Partnership
LLP
Corporation
LTD
LLC

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: _____

Please complete and return via fax to 216-475-1579. This form must be returned immediately. MUST INCLUDE COPY OF UPDATED INSURANCE AND CERTIFICATE OF AUTHORITY

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 via Fax
- Please send the Gar-Tran 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 site?) _____
- 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
Live Bottom					
End Dump					
Flat Bed					
Dry Van					
Spider Trucks (forklift)					
Other					



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 7 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
- No waiting for the mail
- No trips to the bank
- Deposited funds are immediately available
- Deposit notification via email
- Reduce administrative costs

Choose Your Payment Program

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

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

Standard Terms

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

It's easy! For Direct Deposit & Quick Pay, follow these steps.

1. **Select program above** by checking the box.
2. **Enter your email address:** _____ (required)
3. **Send this form and a voided check** via email, fax or standard mail, to:
Email: vendorpackets@garick.com
Fax: (216) 475-1579
Mail: Garick c/o Accounts Payable; 13600 Broadway Ave. Cleveland, OH 44125

Signature confirms acceptance of the terms chosen above.

Company: _____ **MC #** _____

Signature: _____ **Date:** _____

Truck Carrier Agreement

- No truck will be loaded without a **Garick GO#**. Nor can the same GO# be used for more than one load. Please call the Garick Procurement Team if you do not have one.
- 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.
- Carriers cannot call Garick customers and change delivery appointments. Any trucker not able to pick up and/or deliver a load on the day scheduled **must** call the Garick office **IMMEDIATELY**. Missed loads or loads not hitting the delivery window causes customer problems and creates traffic flow problems.
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 when it comes 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 Procurement Team after a 1 1/2 hour wait.

- 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 Garick bill of lading.
- All truckers are required to provide a certificate of insurance to Garick's Procurement Team with Garick listed as an additional insured.

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)

Lowe's – First and Last Name of Receiver and Clock #

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

If emailing is not an option, submit POD's via fax to: 216-475-3721 (POD's only!) or mail to the address below: Attention POD

This information can be submitted via email as an attachment to: pod@garick.com

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 # _____

13600 Broadway Avenue ♦ Cleveland, Ohio 44125
PH: 216-581-6597 ♦ Toll Free: 800-2GARICK ♦
WWW.GARTRAN.COM ♦ WWW.GARICK.COM