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# GarTran New Vendor Packet

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## **NECESSARY DOCUMENTATION**

The following documentation is necessary to complete and submit your Vendor Packet Form. Please fax a copy of all necessary documentation along with the Vendor packet form to 216-475-1579 or email all documentation to [vendorpackets@garick.com](mailto:vendorpackets@garick.com)

This packet will not be processed without ALL REQUIRED INFORMATION/DOCUMENTATION and may result in a delay of payment.

1. Copy of Certificate of Authority
2. \* Copy of COI from Insurance Company (showing Garick LLC as Certificate Holder) **must be received within 7 days or payment will be delayed.**
3. Copy of Voided Check
4. Copy of Company / Individual W-9
5. Letter of Assignment from Factoring Company **IF** your loads are paid through a Factoring Company

Garick LLC  
8400 Sweet Valley Dr. STE 408  
Cleveland OH 44125

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### **CONTACT INFORMATION – BUSINESS:**

Business Name: \_\_\_\_\_  
Individual Name: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Business Address 2: \_\_\_\_\_  
Business City: \_\_\_\_\_ Business State: \_\_\_\_\_  
Business Zip: \_\_\_\_\_ Business Country: \_\_\_\_\_  
Business Phone: \_\_\_\_\_ Toll Free: \_\_\_\_\_  
Business Email: \_\_\_\_\_  
Business Website: \_\_\_\_\_

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### **CONTACT INFORMATION – DISPATCH:**

Do you have an MC# Yes  No  If **YES** enter MC# below, If **NO** enter DOT# below  
MC# and or DOT#: \_\_\_\_\_  
Dispatch Mgr. First Name: \_\_\_\_\_ Dispatch Mgr. Last Name: \_\_\_\_\_  
Dispatch Email: \_\_\_\_\_  
Dispatch Phone: \_\_\_\_\_

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### **CONTACT INFORMATION – AFTER HOURS:**

AH First Name: \_\_\_\_\_ AH Last Name: \_\_\_\_\_  
After Hours Email: \_\_\_\_\_  
After Hours Phone: \_\_\_\_\_

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**CONTACT INFORMATION – ACCOUNTING/ACCOUNTS RECEIVABLE:**

Accounting First Name: \_\_\_\_\_ Accounting Last Name: \_\_\_\_\_  
Accounting Email: \_\_\_\_\_  
Accounting Phone: \_\_\_\_\_  
 Check if Address is the same as Business Address  
Accounting Address: \_\_\_\_\_  
Accounting Address 2: \_\_\_\_\_  
Accounting City: \_\_\_\_\_ Accounting State: \_\_\_\_\_  
Accounting Zip: \_\_\_\_\_ Accounting Country: \_\_\_\_\_

By Providing your email address, you are authorizing GarTran LLC to correspond with you via that method.  
Accounts can be monitored at vendors.garick.com

**TAX INFORMATION**

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

NOTE: IF your TAX ID is associated with a W-9, you must submit a W-9 for either Individual or Company or your packet will not be processed and will result in a delay of payment

If you are using a Tax ID other than a W-9, please check the box below. Someone will contact you upon receipt of you packet.

Check if you use a TAX ID other than a W-9 (*I understand someone will contact me upon receipt of my packet*)

Please enter the First and Last name of the Individual SUBMITTING this W-9

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Please enter the Individual or Company W-9 Submitted for below:

Individual or Company W-9: \_\_\_\_\_

**If you are a Company, please circle your Company type:**

Sole Proprietorship | Partnership | Corporation | L.T.D. | L.L.P | L.L.C

By checking this box, I certify that 1) The tax identification number submitted 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. Citizen or 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.

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## **CHOOSE YOUR PAYMENT TERMS**

### **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
- Reduced administrative costs

- Net 30 days, with Direct Deposit
- Quick Pay 10 days, 5% discount, NET30
- Quick Pay 15 days, 3% discount, NET30

\*Payment Correspondence Email:

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- By checking this box, you accept the payment terms chosen above

**Please ATTACH a Copy of W-9 or payment will be delayed**

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### **Are you loads paid through a FACTORING COMPANY?**

\*\* If YES, you must attach a "Letter of Assignment" from your factoring company\*\*

YES, my loads are paid through a Factoring Company  
*(Please attach Letter of Assignment and complete information below)*

NO, my loads are NOT paid through a Factoring Company

Factoring Company Address: \_\_\_\_\_

Factoring Company Address 2: \_\_\_\_\_

Factoring Company City: \_\_\_\_\_

Factoring Company State: \_\_\_\_\_

Factoring Company Zip: \_\_\_\_\_

Factoring Company Country: \_\_\_\_\_

Factoring Company Phone: \_\_\_\_\_

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## TRANSPORTATION PROVIDER SURVEY

- If you would like to receive the GarTran Load list via e-mail, please check the box  
And enter up to 3 email addresses below:

Email Address 1:

Email Address 2:

Email Address 3:

How did you hear about us? (Check all that apply)

- Website  
 Email  
 Other

What Website did you find us on?

What other resource did you hear about us from?

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

	<b>Number of Units</b>	<b>Trailer Dimensions</b>	<b>Trailer Capacity (Cubic yards)</b>	<b>Trailer Capacity (Tons)</b>	<b>Licensed States</b>
<b>Flat Bed</b>					
<b>Dry Van</b>					
<b>Spider Trucks (forklift)</b>					
<b>End Dump</b>					
<b>Live Floor</b>					
<b>Hopper</b>					
<b>Other</b>					

### **Are you interested in advertising your company on GarTran?**

If YES, please provide your contact information below and we will have a representative contact you with more information.

Advertising Contact Name:

Advertising Contact Phone:

Advertising Contact Email:

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## 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:**

- a. Carrier agrees to safely, promptly, and efficiently transport all shipments tendered to it by Garick and GarTran.
- b. 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.
- c. Carrier certifies they will not re-broker, assign or interline the shipments hereunder, without prior written consent from Garick and GarTran.
- d. 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.

- **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](mailto:vendorpackets@garick.com) or faxed to 216-475-1579.

- **Delivery Appointments:** Carriers are to email all delivery appointments daily to [transport@garick.com](mailto:transport@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.

• **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.

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

- a. Equipment ordered and not used is subject to a \$50 flat charge.
- b. Stops in transit - \$25 per extra stop excluding first
- c. Loading/Unloading with pallet jack - \$50
- d. Drop (unless otherwise approved by Transport Manager) \$200
- e. All loads must use a Garick bill of lading.
- f. Any trucker loading bulk material for Garick in a dump or walking floor trailer must clean their trailer bed prior to loading. Carriers who fail to comply will be responsible for all charges incurred by Garick for contaminated product
- g. All loads must use a Garick bill of lading.
- h. Drivers 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:**

- a. **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)***
- b. **Lowe's** – First and Last Name of Receiver
- c. **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 any time by submitting a written request to our Transportation Department.

E-mail POD information to [pod@garick.com](mailto: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. Handwritten changes to this agreement are NOT accepted

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**ACKNOWLEDGEMENT**

Please acknowledge by signing below you will abide by the above rules and regulations contained within this document, and certify that all information entered into this document, to include any attachments are true and legitimate before accepting loads for GarTran.

Submitting Person First Name: \_\_\_\_\_ Submitting Person Last Name \_\_\_\_\_

**If representing a Company or Individual, please enter Company or Individual name below:**

Submitted For: \_\_\_\_\_

**Please Sign and Date below:**

X

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**REMINDER – Don't forget to attach the following documents as needed!**

- W-9 for Company or Individual**
- Certificate of Authority**
- COI from Insurance Company**
- Copy of Voided Check**
- Letter of Assignment *(if paid through a Factoring Company)***

<p><b>Comments?</b></p>
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