

**TRIP SHEET CENTRAL  
CARRIER INFORMATION FORM**

Please complete the information requested below to complete the setup process to allow us to complete your IFTA tax return.

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**Please Fax Back To: (314) 480-7266**

**Date** \_\_\_\_\_

**Legal Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**DBA Name** \_\_\_\_\_ **Fax#** \_\_\_\_\_

**Physical Address** \_\_\_\_\_ **FED TAX ID** \_\_\_\_\_

\_\_\_\_\_ **MC#** \_\_\_\_\_

\_\_\_\_\_ **USDOT** \_\_\_\_\_

**Remit To Address** \_\_\_\_\_ **Fax#** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Primary Contact** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Email** \_\_\_\_\_

**Company Owner(s)** \_\_\_\_\_

**Web Site http://** \_\_\_\_\_

**Operating Authority** (Check all that apply)

\_\_\_ **Common Carrier**    \_\_\_ **Contract Carrier**    \_\_\_ **Broker (MC# \_\_\_\_\_)**

\_\_\_ **HazMat Certified (Certificate# \_\_\_\_\_ Expires \_\_\_\_\_)**

**Safety Rating** \_\_\_\_\_ **Date of Rating:** \_\_\_\_\_

**Drivers**

Name	CDL (State / Number)

