



Welcome to ET Transportation Services, Inc. We are pleased to have you join our base of over 6000 carriers.

Here at ET Transportation we pride ourselves on servicing our customers promptly and compensating our carriers at a fair rate.

Along with this letter is the "New Carrier Packet". We will need to fill out these forms and send them back to us along with a copy of your Authority and a copy of your insurance certificate naming ET Transportation Services, Inc. as the certificate holder.

Thank you for letting us help you move your trucks.

Tom Pilsbury – President/Owner
Stan York – Vice President
Tom Whitney – Lead Dispatcher
Sylvia Bowen – Dispatcher
Teri Kellet – Dispatcher
Leslie Dyer – Dispatcher
Angel Hall – Accounting

New Carrier Packet

E T Transportation Services, Inc.

P O Box 51

Palermo ME 04354

Phone: 207-993-2851

Toll Free: 800-940-1596

Fax: 207-993-2839

Website: www.ettransport.com

MC# 315329 Federal ID# 01-0493809

Hours of Operation: Monday-Friday 7:00 AM – 5:30 PM

Saturday 8:00 AM – 10:00 AM

Emergency phone numbers on answering machine

Transportation References:

Albert Farms

RR2 Box 15

Madawaska ME 04756

800-551-5119

Contact: Pete Cyr

RL Hodges, Inc

P O Box 141

Unity ME 04988

800-628-8020

Contact: Fran Hodges

R C Moore, Inc

8 Ginn Road

Scarborough ME 04074

866-325-7173

Contact: Ann-Marie

Carrier Profile

Please complete ALL information below:

Company Name _____

Phone Number: _____

Contact Person: _____

Fax Number: _____

Physical Address: _____

Payment Mailing Address: _____

(Please send notice of assignment for
any factoring companies)

Type of company: _____ Sole Proprietor

_____ Partnership

_____ Corporation

(Please send W-9)

Do we need to send your company a 1099 at year end? _____ Yes _____ No

Social Security/Federal Tax ID No: _____

MC Number: _____

DOT Number: _____

Type of Authority: _____ Common

_____ Contract

_____ Broker (Must Sign a Co-Broker Agreement)

CARRIER / BROKER AGREEMENT

This agreement is entered into between E. T. Transportation Services, Inc., a licensed F.H.A. property broker, MC 315329-B, hereinafter referred to as "broker" and _____
Hereinafter referred to as "carrier".

Whereas, the broker is a licensed property broker and engaged in the business of negotiating and conducting the transportation of regulated commodities in interstate commerce over public highways and whereas,
_____, MC _____, is a motor carrier operating in the interstate commerce, pursuant to operating authority issued to it by the Federal Highway administration.

Now, therefore, in consideration of the mutual covenants and promises hereinafter set forth, the parties agree as follows:

1. The terms of this agreement shall be continuous provided, however, that either party may terminate the same upon mutual agreement with 30 (thirty) days written notice.
2. The carrier agrees under this agreement to transport goods on a mutually agreed rate negotiated on a per load basis by both parties.
3. The broker will handle all billing and accept remittance liability on acceptable payment terms mutually agreed upon by both parties.
4. The carrier shall be liable for all loss, damage, or liability occasioned by transportation of property arranged by the broker while being transported by the carrier.
5. The broker shall uphold the good reputation of the carrier and will not misrepresent the services and abilities of the carrier nor disturb any present carrier accounts as mutually agreed upon.
6. The carrier shall provide broker with equipment that meets the department of transportation standards and complies with federal safety regulations.
7. The carrier agrees that under no circumstances will it communicate directly with customers referred to it by the broker with or without the express and approval of the broker. The carrier hereby agrees that neither it nor its agents, nor anyone under its control, will approach these customers for the purpose of selling its services directly or accepting traffic from the customer without the broker participation.
8. According to the Negotiation Rates Act, the broker will offer to the carrier a minimum of three loads per year.
9. This agreement contains the entire sales contract and no additions can be made unless in writing and signed by both parties.

In witness whereof, the parties hereto have signed their names on this _____ day of _____ 20__.

Thomas H. Whitney
Print Name

Thomas H. Whitney
Authorized Broker Signature

COMPANY ADDRESS

E.T. Transportation Services, Inc
P.O. Box 51
Palermo, ME 04354
Phone: 207-993-2026
Fax: 207-993-2839

Print Name

Authorized Carrier Signature

COMPANY ADDRESS

ET Transportation Services, Inc.

PO Box 51

Palermo, ME 04352

Tel: (207) 993-2849

Fax: (207) 993-2837

Company Name: _____

Address: _____

Telephone: _____ Fax: _____ Cell: _____

Email address: _____

Web site: _____

MC# Contacts: _____

DOT# Dispatch: _____

FED ID# Accounting: _____

SCAC Code# Night time/After hours: _____

(at least two contact #'s)

Equipment:

How many ~ Size

Drop Deck _____

Flatbed _____

Flatbed - Air-ride _____

Lowboy _____

Reefer _____

Removable gooseneck _____

Step Deck _____

Step Deck - expandable _____

Van ~ Dry Van _____

Other _____

Speciality Services:

Authority in Mexico/Canada yes no

Chains yes no

Decking yes no

Hazmat yes no

Load Locks yes no

LTL yes no

Straps yes no

Tarps & Sizes yes no

Team Drivers yes no

E-Track yes no

Office Use Only

Updated Insurance received: _____

FMCSA Safety Rating: _____

Preferred lanes: _____

Will not go to: _____

~Please complete and return to leslie@ettransport.com or fax to (207) 993-2839~

Request for Taxpayer Identification Number and Certification

Give form to the
 requester. Do not
 send to the IRS.

Print or type
 See Specific Instructions on page 2.

Name (as shown on your income tax return)	
Business name, if different from above	
Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶ _____	
<input type="checkbox"/> Exempt from backup withholding	
Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code	
List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number								

or

Employer identification number								

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II 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 (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).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Sign Here	Signature of U.S. person ▶	Date ▶
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Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

In 3 above, if applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,