

**AMC Freight Management, LLC  
CARRIER FORM**

**Company Name:** \_\_\_\_\_

**Physical Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Telephone No.:** \_\_\_\_\_ **Fax No.:** \_\_\_\_\_

**MC#:** \_\_\_\_\_ **DOT#:** \_\_\_\_\_

**TAX ID:** \_\_\_\_\_