



To: New Carrier

Welcome! We look forward to working with you. In order to set you up in our system, we need to get some information. Please fax **(402-934-7591)** or email **(dispatch@norag-us.com)** the following documents:

- Completed Carrier Profile
- Signed W-9 form
- Copy of your motor carrier authority
- Copy of your insurance faxed from your insurance company, listing us as the **certificate holder** (Please use the address below):

**NorAg, LLC  
P.O. Box 412  
Stilwell, KS 66085**

Please send all invoices to the following address for **payment**:

**NorAg, LLC  
3850 S 149<sup>th</sup> St, Ste 103  
Omaha, NE 68144**

You may also email legible scanned tickets to **billing@norag-us.com**. Please include your NorAg invoice number on all tickets and invoices submitted for payment.

If you have any questions, please feel free to contact us at any time.

Thanks!

The NorAg Team

OMAHA OFFICE	STILWELL OFFICE	BILLING
3850 S 149th St, Ste 103 Omaha, NE 68144	PO Box 412 Stilwell, KS 66085	Email: billing@norag-us.com Mail: Omaha office
Phone: 402-934-7537 Fax: 402-934-7591	Phone: 913-851-7200 Fax: 913-213-5611	Phone: 402-934-7537 (Crystal) Fax: 402-934-7591



## CARRIER PROFILE

Carrier Name: \_\_\_\_\_

Payment Address: \_\_\_\_\_

Physical Address:

Motor Carrier Number: \_\_\_\_\_

Federal ID Number: \_\_\_\_\_

Office Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Fax Number: \_\_\_\_\_

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

Main Contact: \_\_\_\_\_

A/R Contact: \_\_\_\_\_

## Insurance Information

Insurance Company: \_\_\_\_\_

Agent Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

## Equipment Information

\_\_\_\_ Hoppers

\_\_\_\_ Belts/Walking Floors

\_\_\_\_ Reefers

\_\_\_\_ Pneumatics

\_\_\_\_ Convertibles

\_\_\_\_ Flatbeds/Stepdecks

\_\_\_\_ Livestock

\_\_\_\_ End Dumps

\_\_\_\_ Augers

\_\_\_\_ Vans



## **Shipping/Receiving Guidelines**

1. Carefully review and follow the instructions from NorAg on your load confirmation or given to you verbally. Follow all specific instructions given by NorAg and the customer (verbal or written) to avoid any issues. If a shipper/receiver tells you to do something different than what you were told or that is on your confirmation, let NorAg know immediately, before you do anything else.
2. Load and deliver the product as scheduled. If you are not able to make the scheduled load or delivery times let NorAg know as soon as possible.
3. Call the origin and destinations to confirm load and unload appointments prior to arriving at those locations.
4. Empty the trailer completely at the destination. Carry PPE articles, a broom, and a shovel with you. Please make sure you sweep the trailer clean and shut your traps before leaving. If a washout is required for a load, you must get one and have a certified receipt.
5. When a weight difference is larger than 250 pounds, NorAg needs to be notified before the truck leaves the facility. Once the truck leaves, the chance to resolve the issue is lost. The penalty is likely to be the carrier being responsible and/or billed for the product loss.
6. Make sure that the origin documents (bill of lading) are correct before leaving the origin facility (they should agree with the carrier shipment confirmation). At the destination, get proof of delivery by making sure the driver gets a legible signature on the bill of lading or scale ticket, prior to leaving the destination. We cannot process payment for loads without valid proof of delivery documentation. This not only delays payment but may forfeit any payment at all.
7. Check calls need to be made to NorAg as early as possible each morning.
8. If you receive any text messages or cell phone calls from NorAg, pull over and stop before responding. Please don't text and drive.
9. NorAg and our customers expect professionalism and politeness. If a situation arises at a facility, do not argue or confront the people there. Call your NorAg representative so we can resolve the issue. This is best for everyone long-term. When hauling for NorAg, you are representing not only yourself and your carrier, but also NorAg.

NORAG LLC

P. O. Box 412

Stilwell, KS 66085

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## ACH Authorization Form

### CREDIT/DEBIT AUTHORIZATION FORM

I hereby authorize NORAG LLC to initiate entries to my checking/savings account at the financial institution listed below, and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until NORAG LLC is notified by me in writing to cancel it in such time as to afford them and their financial institution a reasonable opportunity to act on it.

I further understand that by affixing my signature to this form, I am authorizing the charge of \$25.00 for each ACH credit made to my account – to be deducted from my payment (no charge for debits).

Copy of a voided check must be returned with this form. Email to [billing@norag-us.com](mailto:billing@norag-us.com)

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Name of My Financial Institution

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Address of Financial Institution - Address, City, State, & Zip

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Account Name

Financial Institution Routing Number: \_\_\_\_\_

Checking/Savings Account Number: \_\_\_\_\_  
(Please circle one)

Email for Confirmation: \_\_\_\_\_

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Signature

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Date

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Name – Please Print

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Title