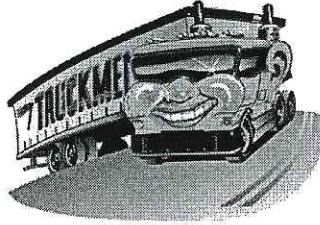


NEIGHBORHOOD LOGISTICS dba TRUCKMEN CORPORATION



CARRIER INFORMATION

Carrier Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Billing Address _____

City: _____ State: _____ Zip Code: _____

Dispatch Contact: _____

Phone #: _____ Fax #: _____

After Hrs Contact: _____ Phone #: _____

MC #: _____ Fed ID#: _____ SCAC #: _____

Provide the number of Trailers by type:

Dry Vans 48' _____ 53' _____; Reefers 48' _____ 53' _____; Flatbed 48' _____ 53' _____ # of Power Units: _____

Tarps/Type: _____ Chains: _____ Straps: _____ Drop Decks: _____

Satellite Equipped? Yes No If NO, method of communication: _____

HAZ-MAT Certification? Yes No If YES, provide expiration date: _____