



TAXPAYER INFORMATION REQUEST

Legal Business / Taxpayer Name

Federal Tax Classification

Business Address

Contact Name

Contact Phone

DBA Name

EIN or SSN Last 4

City / State / ZIP

Contact Email

Date Requested

- ☐ Completed W-9 received
- ☐ Name matches carrier/payee records
- ☐ Tax ID reviewed by carrier/admin
- ☐ Store completed W-9 in carrier onboarding documents

SIGNATURE / CERTIFICATION

Requestor / Authorized Signature

Title / Role

Email

Printed Name

Date Signed

Phone

By signing, the signer certifies the information provided is true and understands Equitable Solutions LLC acts only within the approved carrier/dispatcher support relationship and does not operate as a freight broker, motor carrier, shipper, or party handling freight money.