

TOP FLIGHT TRANSPORTATION, INC.

P. O. Box 25090

Portland, Oregon 97298-0090

Interstate/Intrastate Brokers

ICC License - MC#216484 Oregon Intrastate License #80

(503)297-6272 VOICE

www.topflighttrans.com

FAX (503)297-6359

DATE: _____

CARRIER# _____

TO: **LEGAL OR ACCOUNTING**

MC#[] _____

or STATE AUTHORITY []

(Please check one.)

Company Name: _____

FROM: **Mona Smith**

Telephone: **(503)419-2712**

Fax: **(503)419-2722**

RE: Request for TIN (Federal ID #)

TOP FLIGHT TRANSPORTATION is required to obtain a Taxpayer Identification Number (TIN) from all of our suppliers/carriers. Failure to provide this information could result in backup withholding being deducted from our subsequent payments to you and/or civil or criminal penalties imposed by law.

Please fill in the information below and return to us today.

Thank you for your attention to this matter.

~~~~~  
**PART ONE:**

**If you are a sole proprietor, you must list the taxpayers name on the first line and the business on the second line.**

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

Business Name: \_\_\_\_\_

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

City, State, and Zip code: \_\_\_\_\_

**PART TWO:**

Corporation

Partnership

Sole Proprietorship

[Check One]

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other [explain] \_\_\_\_\_

**PART THREE:**

Taxpayer ID Number

OR

Social Security Number

\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Certification-Under penalties of perjury, I certify that the number shown on this statement is my correct TIN.

Authorized  
Signature: \_\_\_\_\_

Print  
Name: \_\_\_\_\_

Date \_\_\_\_\_