

**Carrier Inquiry
ID Request Form**
(Please print)

For office use only:
ID#

Date of request: _____

Type of User:

- Carrier
- Client
- Operations

Do you already have a Web ID Yes No (If yes please see (**) below and complete form)

User First Name: _____

User Last Name: _____

User Email address: _____

Scac Code: _____

Company Name: _____

User Phone Number: _____

Address: _____

City, State/ Prov: _____

Postal code: _____

User Job Title: _____

(If scac code is unknown please provide an invoice number that has processed)

**Please provide current User ID and list any corrections/additions:

[Send Completed form via email to : paymentinquiry@ryder.com](mailto:paymentinquiry@ryder.com)

If all fields are not completed the request form will be returned.

[Please send all inquiries via email to paymentinquiry@ryder.com or call 888-811-3989 for questions.](mailto:paymentinquiry@ryder.com)

Please note ID requests may take 7-10 business days to be completed.

You will receive an email confirmation upon completion of the Web ID.