



Independent Dispatcher-Carrier Inquiry Form (Fill out and print)

What we need to do business and get you a load.

1. Copy of MC Authority.
2. Copy of your insurance certificate and a phone number for your insurance company.
3. Signed W-9 form.
4. Signed Contract for services.
5. Company profile completed.
6. Your factoring company's name, address, and contacts phone number.

Please complete the following information so that we may better serve you:

CARRIER PROFILE FORM:

First Name: _____ Last Name: _____
Company's Name: _____
Address: _____
City: _____ State: _____ Zip: _____

Company's Phone Number: _____
Cell Phone Number: _____
Fax Number: _____
E-Mail: _____

Insurance Company's Name: _____
Insurance Company's Phone# _____
Insurance Company Contact: _____

Factoring Company's Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone Number and Contact Name: _____

Motor Carrier #: _____ Authority Start Date: _____
USDOT#: _____



Type of Equipment (Dry Van, Reefer, Flatbed, Stepdeck, Conestoga, Other)

Number of Trailers:	Trailer Type:	Length (48' or 53' or other)
<input type="checkbox"/> _____	_____	_____
<input type="checkbox"/> _____	_____	_____
<input type="checkbox"/> _____	_____	_____

Is there a tracking device in the vehicle?

- Yes
- No

Desired Region(s):

<input type="checkbox"/> AL	<input type="checkbox"/> AR	<input type="checkbox"/> AZ	<input type="checkbox"/> CA	<input type="checkbox"/> CO
<input type="checkbox"/> CT	<input type="checkbox"/> DE	<input type="checkbox"/> FL	<input type="checkbox"/> GA	<input type="checkbox"/> IA
<input type="checkbox"/> ID	<input type="checkbox"/> IL	<input type="checkbox"/> IN	<input type="checkbox"/> KS	<input type="checkbox"/> KY
<input type="checkbox"/> LA	<input type="checkbox"/> MA	<input type="checkbox"/> MD	<input type="checkbox"/> ME	<input type="checkbox"/> MI
<input type="checkbox"/> MO	<input type="checkbox"/> MN	<input type="checkbox"/> MS	<input type="checkbox"/> MT	<input type="checkbox"/> NC
<input type="checkbox"/> ND	<input type="checkbox"/> NE	<input type="checkbox"/> NH	<input type="checkbox"/> NJ	<input type="checkbox"/> NM
<input type="checkbox"/> NV	<input type="checkbox"/> NY	<input type="checkbox"/> OH	<input type="checkbox"/> OK	<input type="checkbox"/> OR
<input type="checkbox"/> PA	<input type="checkbox"/> RI	<input type="checkbox"/> SC	<input type="checkbox"/> SD	<input type="checkbox"/> TN
<input type="checkbox"/> TX	<input type="checkbox"/> UT	<input type="checkbox"/> VA	<input type="checkbox"/> VT	<input type="checkbox"/> WA
<input type="checkbox"/> WI	<input type="checkbox"/> WV	<input type="checkbox"/> WY		

Driver Homes Time:

- Every Other Day
- Every Weekend
- Every Other Weekend
- Flexible

Do you have any Freight Guard Reports? (copy)

- Yes
- No



References:

Required if your company has been in business for less than 1 year

Customer References (Companies you have recently hauled for)

Company	Contact	Phone Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Credit References (Companies or individuals you pay)

Company	Contact	Phone Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Previous Dispatcher:

Please list the name and contact information for the previous dispatcher that you have used. We need this information for transparency purposes and will not contact them to inquire about any of your previous work.

If you have not used a dispatcher below please sign below.

Yes, I have used a previous dispatcher.

Name	Contact	Phone Number
1. _____	_____	_____
2. _____	_____	_____

No, I have never used an independent dispatch service before.

Full Name _____

Signature _____

***All service fees are collected at time of completed transactions.