



Company's Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

MC#: \_\_\_\_\_ USDOT#: \_\_\_\_\_

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

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

1. What date did your Authority become active? \_\_\_\_\_

2. What are your trucks currently grossing per week? \_\_\_\_\_

3. What areas do you NOT want to run? \_\_\_\_\_

4. What commodities do you NOT want to haul? \_\_\_\_\_

5. Which factoring company do you use to factor your loads? \_\_\_\_\_

6. How many drivers do you have? \_\_\_\_\_

Driver 1 \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Driver 2 \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Driver 3 \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_



7. How frequently do your driver's want to get home?(Check all that apply)

Driver 1 Daily \_\_\_ Weekly \_\_\_\_\_ Biweekly \_\_\_\_\_

Driver 2 Daily \_\_\_ Weekly \_\_\_\_\_ Biweekly \_\_\_\_\_

Driver 3 Daily \_\_\_ Weekly \_\_\_\_\_ Biweekly \_\_\_\_\_

8. List the quantity of each type of truck you have: Dry Van \_\_\_ Reefer \_\_\_ Flatbed \_\_\_

9. How much do you expect our dispatch service to gross each truck weekly? \_\_\_\_\_

10. Do you agree to let our service dispatch 100% of your loads? Yes \_\_\_ NO \_\_\_

