R & S Highway Logistics LLC

Dispatching services

Carrier Profile

Instructions: Please complete this form by giving us all the information that pertains to you and your company. The better informed we are, the better we will be able to assist you and represent you when filing paperwork and booking loads. This form can be updated at any time by notifying us. This information is for our use only and will not be released to any third party without your express written permission.

PART 1: CARRIER INFORMATION

Full Name/ First: _____ Last: _____

Company: _____ DBA (If Any):_____

Physical Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Email:_____

Phone Number : _____

Prefered method of contact: ( )Phone ( )Email

Emergency Contact: _____ Emergency Phone:_____

MC #: _____ DOT #: _____ EIN #: _____

SCAC Code: _____ TWIC Certified: _____ Hazmat Certified: _____

Loadboard memberships(If any): _____

PART 2: EQUIPMENT INFORMATION

of Trucks: _____ Company Drivers: _____ Owner Operators: _____ Team Drivers: _____

# of Trailers: Van: _____ Reefers: _____ Flatbed: _____ Tanker: _____

Other Types: _____

Trailer Sizes: Van: _____ Reefers: _____ Flatbed: _____ Tanker: _____

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Only fill out the amount of tractors,trailers and drivers that applies If only 1, only fill out one row of each.

Tractor Information:

	Year	Make/Model	Truck #	VIN #
Tractor #1				
Tractor #2				
Tractor #3				
Tractor #4				
Tractor #5				

Trailer Information:

	Year	Make/Model	Trailer #	VIN #
Trailer #1				
Trailer #2				
Trailer #3				
Trailer #4				
Trailer #5				

Driver(s) Information:

Driver Name	Driver Cell	Truck #	Trailer #	Max Weight	Trailer Type

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1) Do the assigned driver(s) have the right to make load decisions for you? _____
2) Do the assigned driver(s) need to have a copy of the load confirmation? _____
Provide a detailed description of the equipment (i.e. pallets, tarps, oversize, and weight limits):

_____
_____
_____
_____

PART 3: PREFERRED AREAS OF OPERATION

(Circle All States That Apply)

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

Preferred Geographical Lanes* (*For reassurance*)

( )Southern States, ( )West Coast States, ( )Midwest States, ( )Southeastern States,

( )Northeastern States

** List any States, Cities or Areas you would like to **AVOID** **

_____

_____

_____

_____

Rate of Haul information: Please give us your minimum rate information. We understand that many factors will change this information, but this will give us a starting point.

Minimum Rate Per Mile: _____ Max Picks: _____ Max Drops: _____ $ Per Pick/Drop: _____

Driver Touch (Y/N): _____ Comments: _____

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PART 4: FACTORING INFORMATION

If you use a factoring service, please provide us with the following information.
Please note that Dispatchers will invoice for their services weekly (Fridays).

Factoring Company: _____ Main Contact:_____

Phone: _____ Fax: _____ Website URL: _____

Address: _____ City: _____ State: _____ Zip: _____

If you do NOT have a Factoring Company, How do you intend to get paid for loads?

_____

PART 5: INSURANCE INFORMATION

Insurance Agency: _____ Main Contact:_____

Phone: _____ Fax: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

We will also need the following information from your company to start working with you!
This is information we will need to know when booking loads for you.

1. Copy of Drivers License
2. Copy of Clients Authority (Motor Carrier Permit)
3. Copy of insurance
4. Signed W9

NOTE:** **Please keep a blank copy of this form, and email updates to us when they occur, this way we have the most current information on hand.

Office Use Only: Updated on _____/____ /_____ Comments: _____