 Trucking Dispatch Intake Form

Thompson Haul Command – Carrier Intake

## Carrier Information

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

MC Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOT Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tax ID/EIN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Owner/Operator Contact

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

Position/Role: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Equipment Details

Type of Equipment (check all that apply):

☐ Dry Van

☐ Reefer

☐ Flatbed

☐ Step Deck

☐ Power Only

☐ Hotshot

☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Trucks: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Lanes/Regions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Radius (OTR/Regional/Local): \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Maximum Weight Capacity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Insurance Information

Insurance Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Liability Coverage: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cargo Coverage: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please attach Certificate of Insurance with Thompson Haul Command listed as Certificate Holder.)

## Dispatch Preferences

Preferred Load Boards/Brokers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Average Rate Per Mile Goal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Advance Notice for Dispatch (hrs): \_\_\_\_\_\_\_\_\_\_

Do you require factoring? ☐ Yes ☐ No

Factoring Company (if yes): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Required Documents (Attach with Form)

☐ Signed W-9

☐ MC Authority

☐ Certificate of Insurance

☐ Notice of Assignment (if factoring)

☐ Voided Check (for ACH payments)

## Agreement

I, the undersigned, certify that the information provided above is true and accurate. I authorize Thompson Haul Command to act as my dispatch service under the terms of our Dispatch Agreement and Limited Power of Attorney.

Carrier/Owner Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_