



Logistic Information Packet

DOCUMENT NUMBER	F 8.1.0-07		
REVISION	A		
PAGE	1	OF	2

Please complete the form below and return to your VH Techworks representative.

Business Information			
Legal Name of Business:			
Business Address:			
City:		State:	
Zip / Postal Code:		Country:	
Business Phone:			
Business Website:			
Principal Name:		Title & Contact information	
State of Incorporation:		Federal Tax ID:	
Number of Years in Business:			

Contact Information			
Account Contact:		Email & Phone:	
Accounting Contact:		Email & Phone:	

Customer Reference			
Reference Name:			
Business Address:			
City:		State:	
Zip / Postal Code:		Country:	
Business Phone:		Contact:	

Costumer Reference			
Reference Name:			
Business Address:			
City:		State:	
Zip / Postal Code:		Country:	
Business Phone:		Contact:	



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DOCUMENT NUMBER	F 8.1.0-07		
REVISION	A		
PAGE	2	OF	2

Logistics Information – Checklist

DOT Number	
Provide Insurance Carrier & Policy	
Number and types of vehicles: lengths, weights and capacities, i.e. Trucks/Sizes	Number & Types: Lengths & Capacities:
What compliance or regulatory certificates or licenses does the company hold?	
Do you use Internal Resources (employees/drivers & trucks owned by the company) or outsourced drivers and equipment?	
Do you broker loads or process all shipments internally?	
What modes of transport do you provide: i.e. intermodal, ground, air, courier	
For each mode, are you able to handle the entire shipping & logistics process	
Do you have central dispatch? Where is central dispatch located?	
Do you have regional Reps? Who will be our point of contact?	
Do reps generate quotes or is this a centralized function?	
Are you a member of any trade associations or freight forwarding networks?	
What additional services can you provide including insurance, expediting, warehousing, site services, relocations, etc.	

Form Completed By:	
Signature:	
Date:	

Please include a copy of the COI and W9.