

REGISTRATION FORM

Virtual Truck Dispatching

PLEASE FILL OUT THE REGISTRATION FORM BELOW, CONFIRM THAT ALL OF YOUR INFORMATION IS CORRECT, AND FAX INFORMATION TO BEGIN THE REGISTRATION PROCESS.

Company Information

Company Name _____ In business since? ___ [#Yr(s)] ___ [#Mth(s)]

Owner's Name _____

Email Address _____

Office Phone Number _____

Cell Phone Number _____

Fax Number _____

Contact Person _____

Preferred Method of Contact? [] Phone [] Text [] Email [] Fax

Business Address _____

Address 1 _____

Address 2 _____

City _____

State _____

Zip _____

Remit To Address [] Same As Business

Address 1 _____

Address 2 _____

City _____

State _____

Zip _____

Insurance and Tax Information

Insurance Agent Name _____

Insurance Agent Email _____

Insurance Agent Phone _____

Insurance Agent Fax _____

USDOT Number _____

STATE DOT Number State- _____ Number- _____

ICC MC Number _____

Federal Tax ID _____

Fleet Information

States/Regions Serviced

Alaska	Kentucky	New York
Alabama	Louisiana	Ohio
Arkansas	Massachusetts	Oklahoma
Arizona	Maryland	Oregon
California	Maine	Pennsylvania
Colorado	Michigan	Rhode Island
Connecticut	Minnesota	South Carolina
Washington, DC	Missouri	South Dakota
Delaware	Mississippi	Tennessee
Florida	Montana	Texas
Georgia	North Carolina	Utah
Hawaii	North Dakota	Virginia
Iowa	Nebraska	Vermont
Idaho	New Hampshire	Washington
Illinois	New Jersey	Wisconsin
Indiana	New Mexico	West Virginia
Kansas	Nevada	Wyoming

Trucks In Fleet? _____

Total Capacity? _____

INOP Capable? _____

Have Winches? _____

Trucks Have Internet ? _____

Have Straps? _____

Have Tarp? _____ How Many Feet? _____

Enclosed Trucks? _____

TWIC Card? _____

ANY TICKETS IN THE PAST 3 YEARS? [] YES [] NO If "YES", how many? _____

EXPLAIN:

Name and Number of Drivers: _____ Phone # _____

Name _____ Phone# _____

Name _____ Phone# _____

Equipment Specifications

Please specify the quantities of the open and enclosed trucks you have in your available inventory.

Equipment Type	Open Quantity	Enclosed Quantity
1 Car _____	_____	_____
2 Car _____	_____	_____
3 Car _____	_____	_____
4 Car _____	_____	_____
5 Car _____	_____	_____
6 Car _____	_____	_____
7 Car _____	_____	_____
8 Car _____	_____	_____
9 Car _____	_____	_____
10 Car _____	_____	_____
Flatbed _____	_____	_____
Other _____		Other _____

Please fill out the additional following registration documents and check them off as you complete the documents as indicated. **We will need ALL the following from your company to start working for you!**

- Limited Power of Attorney (so we can sign carrier packets and/or rate confirmations, or any other necessary documents on your behalf that concern dispatching for you)
- Dispatcher – Carrier Agreement
- A completed W-9 Form. We have one you can fill out if you don't have one.
- Copy of your Motor Carrier Authority Form
- Copy of ALL your load board(s) User Names and Passwords
- Factoring Information (If using a factoring service)
- Copy of your Insurance Certificate. We require the standard. Please have your insurance agent list **VIRTUAL TRUCK DISPATCHING** as a Certificate Holder. **ADDRESS:** 8045 Antoine Dr., #223
Houston, TX 77088

(Fax it to our office at _____ (346) 219-6379 _____)

Please review all of your registration documents to ensure its correctness.

Please feel free to Email or Fax ALL required documents to us.

EMAIL: kbroussard@virtualtruckdispatching.com

FAX#: (346) 219-6379