

**CARRIER SIGN-UP SHEET** 

| Company's Name:  |  |   |                             |
|--|--|---|-----------------------------|
| Address:   |  |   |                             |
|  |  |   | Zip:                        |
| MC#:US DOT#:   |  |   |                             |
| Contact Name:  |  |   |                             |
| Email:   | Phone#:  | F | ax#:                        |
| 1. What date did your a  | authority became active?   |   |                             |
| 2. What are your trucks currently grossing per week?   |  |   |                             |
| <ol><li>What areas you do not want to run your truck(s)?</li></ol>   |  |   |                             |
| 4. What commodities you do not want to run?  |  |   |                             |
| 5. Which factoring company do you use to factor your loads?  |  |   |                             |
| 6. How many drivers do you have and which city, state they are based out of?   |  |   |                             |
|  |  |   |                             |
| 7. How frequently (Che   | How frequently (Check all that apply) does your drivers want to get home? DailyWeeklyBi-Weekly |   |                             |
| 8. How many semi-trucks do you have and the model year of each?  |  |   |                             |
| 9. List the quantity of each trailer type that you have: Dry Van Reefer FlatbedBox $ m Truck$                                |  |   |                             |
| 10. How much do you expect our dispatch service to gross your trucks weekly?   |  |   |                             |
| 11. What percentage of your loads do you intend to have our dispatch service book?   |  |   |                             |
| County DispatchQuestions?Houston, TexasEmail us at: dagen@countydispatch.owww.countydispatch.netor call us at (833) 272-2111 |  |   | t: dagen@countydispatch.org |