

New Carrier Intake Form

Capture everything you need on day one.

Company

Legal Business Name

DBA

MC Number

DOT Number

EIN

Years in Business

Primary Contact

Owner Name

Phone

Email
Preferred Communication
(call/text/email)

Equipment

Truck Make/Model/Year
Trailer Type (Dry
Van/Reefer/Flatbed/Other)

Trailer Length

Max Weight

Operations

Home Base (City, State)

Preferred Lanes

Areas to Avoid

Hours of Service Pattern

Hazmat? (Y/N)

Team or Solo?

Financial

Factoring Company

Factoring Contact

Payment Terms Preferred

Rate Goal (\$/mile)

Documents Received

MC Authority

W-9

Certificate of Insurance

**Voided Check / ACH Form
Signed Dispatcher
Agreement**

Signed LOA

Notes
