



# Enrollment Form

## Virtual Truck Dispatch Service

### Carrier Partner Network

Owner(s) of Company: \_\_\_\_\_

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

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

MC# \_\_\_\_\_

US DOT#: \_\_\_\_\_ ST DOT#: \_\_\_\_\_

Phone: Bus#: \_\_\_\_\_ Fax#: \_\_\_\_\_ Cell#: \_\_\_\_\_

Contact Name: \_\_\_\_\_

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

Years in Business: \_\_\_\_\_ # of Drivers/Trucks: \_\_\_\_\_

Clean Motor Vehicle Record? [ ]Y [ ]N if "NO" Explain \_\_\_\_\_

Current Fleet Size: \_\_\_\_\_

Select Current Equipment with Quantity:

- [ ] Flat Bed      [ ] Flat Bed (Air)      [ ] Dry Van 53'      [ ] RGN
- [ ] Hot Shot      [ ] Step Deck      [ ] SD Stretch      [ ] Double drop
- [ ] Reefer      [ ] Specialized      [ ] Other: \_\_\_\_\_

Insurance Agent: \_\_\_\_\_ Phone#: \_\_\_\_\_

Please provide more information about your company and how our services might help you:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signed By: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

#### Office Use Only:

Documents Rcvd: 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

Date Enrolled: \_\_\_\_\_ Approved: [ ]Y [ ]N

Approved By: \_\_\_\_\_