



99 Dispatching LLC

30 N Gould St Ste R

Sheridan, WY 82801

www.99dispatching.com

info@99dispatching.com

(307) 500 1931

What we need to do business and get you a load.

1. Copy of MC Authority.
2. Copy of your insurance certificate and a phone number for your insurance company.
3. Signed W-9 form.
4. Signed Agreement for services.
5. Company profile completed.
6. Your factoring company's name, address, and contact phone numbers.

Please complete the following information so we may serve you better.

Company's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Company's Phone Number: _____

Cell Phone Number: _____

Fax Number: _____

Insurance Company's Name: _____

Insurance Company's Contact: _____

Factoring Company's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number and Contact Name: _____



EQUIPMENT SECTION

NUMBER OF TRUCKS: _____ [Company _____ + Owner Operator _____]

NUMBER OF TRAILERS: VAN ____ REEFER ____ FLATBED ____ OTHER ____

ADDITIONAL INFO:

TRUCK(S) AND DRIVER(S) INFO

Truck #	Trailer #	Type	Year	Driver	Phone



SERVICE AREAS OF OPERATION *(please circle all that apply)*

AL	AR	AZ	CA	CO	CT	DE	FL	GA	IA	ID	IL
IN	KS	KY	LA	MA	MD	ME	MI	MO	MN	MS	MT
NC	ND	NE	NH	NJ	NM	NV	NY	OH	OK	OR	PA
RI	SC	SD	TN	TX	UT	VA	VT	WA	WI	WV	WY

RATE OF HAUL INFORMATION

Please provide us with your ideal (reasonable) rate information. We understand that many factors will change this information, but this will give us a starting point.

IDEAL MILE RATE \$ ____ (V) \$ ____ (R) \$ ____ (F)

REFERRALS

Please refer us to three (3) Owner Operators who you believe might benefit from our service.

NAME _____	CELL _____
NAME _____	CELL _____
NAME _____	CELL _____

ADDITIONAL INFORMATION

Please use the section below to better describe your company. Include special terms and conditions of most importance and everything we have to consider while searching and taking the loads for you.



TRUCK(S) DETAIL

Please fill in the information below:

- Long Haul (OTR) [Yes/No]: _____
- Weight Capacity: _____
- Door Clearance: _____
- Trailer Height: _____
- Air Ride [Yes/No]: _____
- Pallet Jack [Yes/No]: _____
- Lift Gate [Yes/No]: _____
- Rolling Door [Yes/No]: _____
- Dolly [Yes/No]: _____
- Straps [Yes/No]: _____
- Tarps: [Yes/No]: _____
- E-Tracks [Yes/No]: _____
- Blankets [Yes/No]: _____
- Mattresses [Yes/No]: _____
- TWIC Card [Yes/No]: _____
- HAZMAT Certificate [Yes/No]: _____
- Team Drivers [Yes/No]: _____

INITIALS _____