Carrier Initial Interest Form

Date: _____

Carrier / Company Name:

_____

_____

MC / DOT #: _____

Owner / Contact Name: _____

Phone Number: _____

Email Address: _____

1. Carrier Information

- Type of operation: ☐ Owner-Operator ☐ Small Fleet ☐ Large Fleet
- Number of trucks: _____
- Truck types: ☐ Dry Van ☐ Reefer ☐ Flatbed ☐ Other: _____
- Years in operation: _____
- States operated in: _____

2. Insurance & Compliance

- Insurance coverage: ☐ Liability _____ ☐ Cargo _____ ☐ Other: _____
- Insurance expiration date: _____
- Active DOT / MC numbers verified? ☐ Yes ☐ No
- Safety rating (if available): _____

3. Factoring Company Questions

- Do you use a factoring company? ☐ Yes ☐ No
- If yes:
    - Factoring company name: _____
    - Contact info: _____
    - Type: ☐ Recourse ☐ Non-Recourse
    - Advance rate (%): _____
    - Cutoff time for same-day funding: _____
    - Preferred payment method: ☐ ACH ☐ Wire
    - Are all brokers you work with approved by your factoring company? ☐ Yes ☐ No
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4. Operations & Preferences

- Average weekly miles: _____
- Preferred lane(s)/region(s): _____
- Load types preferred: ☐ Dry Van ☐ Reefer ☐ Flatbed ☐ Other: _____
- Maximum/Minimum load weight: _____ lbs
- Average turnaround time per load: _____
- Special equipment or certifications: _____

5. Availability

- When can you start taking loads? _____
- How many loads per week can you handle? _____

6. Additional Notes / Comments

_____

_____