



COMPANY PROFILE

Instructions: Please complete this form giving us all the information that pertains to you and your company. The better informed we are, the better we will be able to assist you. This form should be updated at anytime by notifying us. This information is for our use only and will not be released to any third party without your express written permission

PART 1: CARRIER INFORMATION SECTION

COMPANY: _____ D/B/A (If Any): _____

PHYSICAL ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

MAILING: _____

CITY: _____ STATE: _____ ZIPCODE: _____

MAIN CONTACT: _____ OFFICE PHONE: _____ FAX: _____

EMERGENCY CONTACT: _____ PHONE: _____

CELL PHONE: _____ EMAIL ADDRESS: _____

MC NUMBER: _____ DOT NUMBER: _____ EIN/SSN: _____

SCAC CODE: _____ TWIC CERTIFIED: _____ HAZMAT CERTIFIED: _____

PART 2: EQUIPMENT SECTION

(If you have more than one truck, please use the multiple truck form page if needed)

NUMBER OF TRUCKS: _____ (COMPANY _____ OWNER OPERATORS _____) NO. TEAMS: _____

NUMBER OF TRAILERS: VAN: _____ REEFERS: _____ FLATBED: _____ RGN: _____ STEP DECK: _____

D/D: _____ OTHER TYPE: _____

TRAILER SIZES: VAN: _____ REEFER: _____ FLATBED: _____ RGN: _____ STEP DECK: _____ D/D: _____

DETAILED DESCRIPTION OF EQUIPMENT (I.E. PALLETS/TARPS/OVERSIZE AND WEIGHT LIMITS): _____

PART 3: SERVICE AREAS OF OPERATIONS: (Check all that apply)

United States: [] All 48 states

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 give us your minimum rate information. We understand that many factors will change this information, but this will give us a starting point.

Min. RATE PER MI: _____ MAX PICKS: _____ MAX DROPS: _____ \$ PER DROP: _____
DRIVER TOUCH (Y/N) _____ COMMENTS: _____



PART 4: FACTORING INFORMATION SECTION

If you use a factoring service, please provide us the following information. This will ensure that we only use brokers that are approved by your factoring company.

FACTORING COMPANY: _____ MAIN CONTACT: _____
PHONE: _____ FAX: _____ WEBSITE: _____
BILLING ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____

PART 5: INSURANCE INFORMATION SECTION

INSURANCE AGENCY: _____ CONTACT: _____
PHONE: _____ FAX: _____ EMAIL: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____

PLEASE USE THE FOLLOWING SECTION TO BETTER DESCRIBE YOUR COMPANY

Please List 3 References:
1.
2.
3.

Office Use Only: Updated on: ____/____/____ Comments: _____



EQUIPMENT INFORMATION DATA SHEET

To complete your account set up we need to have detailed information on the equipment types and accessories that your truck (s) have with them. If you have more than one truck, please make copies of this form. If you have any questions, please feel free to contact us.

Tractor:

Make: _____ Model of Tractor: _____ Year: _____

License Number: _____ State of Registration: _____ Unit Number: _____

Vin Number of Tractor: _____

Trailer:

Make: _____ Year: _____

License Number: _____ State of Registration: _____ Unit Number: _____

Vin Number of Trailer: _____

Type of Trailer: _____ (i.e. Step Deck/Flat Bed/Conestoga/RGN/Van/Reefer)

Size: _____ Maximum Load Weight to Haul: _____ HazMat? _____

If Van or Reefer:

Do you have E-Tracking? _____ Logistics Posts? _____ Load Bars? _____ Pallets? _____

If Flat/Step/RGN/Conestoga.

Tarps? _____ If so what sizes _____ Chains/Binders? _____ How Many? _____

Straps? _____ How Many? _____ Load Levelers? _____ Ramps? _____

Oversize? _____

Any Additional Information:



DISPATCH AUTHORIZATION FORM

BE IT KNOW, that _____, with MC No. _____ and DOT no. _____, has given Way Dipatch consultants full authorization to handle all matters is securing loads for my company and handling all paperwork associated with this authorization.

This authorization will remain enforced until either, _____ or Way Dipatch consultants terminate this agreement.

Note: This dispatch service authorization form will only pertain to securing freight for this company.

Client/ Carrier Authorization:

Authorized Signature

Printed name

Date

Address

Phone number

Way Dipatch consultants:

Authorized Signature

Printed name

Date

Address

Phone number

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p> <hr/> <p>2 Business name/disregarded entity name, if different from above</p> <hr/> <p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p><input type="checkbox"/> Other (see instructions) ▶ _____</p> <p><input type="checkbox"/> C Corporation</p> <p><input type="checkbox"/> S Corporation</p> <p><input type="checkbox"/> Partnership</p> <p><input type="checkbox"/> Trust/estate</p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p style="font-size: small;">(Applies to accounts maintained outside the U.S.)</p>
	<p>5 Address (number, street, and apt. or suite no.) See instructions.</p> <hr/> <p>6 City, state, and ZIP code</p> <hr/> <p>7 List account number(s) here (optional)</p>	<p>Requester's name and address (optional)</p> <hr/>

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number								
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Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	<p>Signature of U.S. person ▶ _____</p>	<p>Date ▶ _____</p>
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-DIV (dividends or capital gains distributions)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.