

# New Heights Dispatching

Are you ready for the journey?

## Company Profile

**Instructions:** Please complete this form giving us all the information. The better informed we are, the better we will be able to assist you. This form should be updated at any time by notifying us. This information is for our use only and will not be released to any third party without your express written permission. Once complete, please scan and email to [newheightsdispatching@gmail.com](mailto:newheightsdispatching@gmail.com).

### I. Carrier Information

Company (DBA): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Website: \_\_\_\_\_

MC #: \_\_\_\_\_ DOT #: \_\_\_\_\_ EIN/SS #: \_\_\_\_\_

SCAC # \_\_\_\_\_ TWIC # \_\_\_\_\_ HAZMAT # \_\_\_\_\_

### II. Equipment Section

Number of Trucks: \_\_\_\_ (Company \_\_\_\_ + Owner Operator \_\_\_\_)

Number of Trailers: Van \_\_\_\_\_ Reefer \_\_\_\_\_ Flatbed \_\_\_\_\_ Other \_\_\_\_\_

**Additional Info (dimensions, lift gates, special considerations):**

---

---

---

---

---

---

---

---

**Multiple Truck and Driver Info**

Please complete this form if you are a trucking company with more than one (1) truck working under your authority.

Truck #	Trailer #	Type of Trailer	Year	Max Weight	Driver	Phone Number

- Do the drivers have the right to make load decisions for you? \_\_\_\_\_
- Do the drivers need to have a copy of the load confirmation? \_\_\_\_\_
- Do we need to do the initial dispatch of the driver, or will you? \_\_\_\_\_

**III. Service Areas of Operation**

United States: \_\_\_\_ 48 States or 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

Canada: \_\_\_\_\_

AB BC MB ON QB SK

Mexico: \_\_\_\_\_

**IV. Rate of Haul Information**

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

Minimum Rate per mile: \_\_\_\_\_ Ideal Rate per mile: \_\_\_\_\_

Additional Preferences:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**V. Factoring Information:**

Do you use a factoring company? Select \_\_\_\_\_

If you do not currently use a factoring company, would you like to start?

Yes \_\_\_\_\_ No \_\_\_\_\_ Not now but I would like more info \_\_\_\_\_

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

Factoring Company: \_\_\_\_\_ Web \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact \_\_\_\_\_ Email \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

**VI. Insurance Information**

**Please provide us with your insurance contact information, where we can request certificate information of insurance with specific holders. (i.e. brokers and/or shippers)**

Insurance \_\_\_\_\_ Web \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Contact \_\_\_\_\_ Email \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

**VII. Referral**

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

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_

**VIII. Additional Information**

**Please use the section below to better describe your company. Include special terms and conditions of greatest importance and everything we have to consider while searching and taking the loads for you.(Team Driving, Partial loads, work availability, ect)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_