Please complete the form below, and return to your VH Techworks representative.

|  |
| --- |
| **Business Information** |
| Legal Name of Business: |   |
| Business Address: |   |
| City: |   | State: |   |
| Zip / Postal Code: |   | Country: |   |
| Business Phone: |   |
| Business Website:  |   |
| Principal Name: |   | Title & Contact information |  |
| State of Incorporation: |   | Federal Tax ID: |  |
| Number of Years in Business: |   |

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| **Contact Information** |
| Account Contact: |   | Email & Phone: |  |
| Accounting Contact: |   | Email & Phone: |  |

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| --- |
|  **Customer Reference** |
| Reference Name: |   |
| Business Address: |   |
| City: |   | State: |   |
| Zip / Postal Code: |   | Country: |   |
| Business Phone: |   | Contact: |  |

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| **Costumer Reference** |
| Reference Name: |   |
| Business Address: |   |
| City: |   | State: |   |
| Zip / Postal Code: |   | Country: |   |
| Business Phone: |   | Contact: |  |

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| **Logistics Information – Checklist** |
| DOT Number  |   |
| Provide Insurance Carrier & Policy |   |
| Number and types of vehicles: lengths, weights and capacities, i.e. Trucks/Sizes | Number & Types:  Lengths & Capacities: |
| What compliance or regulatory certificates or licenses does the company hold? |  |
| Do you use Internal Resources (employees/drivers & trucks owned by the company) or outsourced drivers and equipment? |  |
| Do you broker loads or process all shipments internally? |  |
| What modes of transport do you provide: i.e. intermodal, ground, air, courier |  |
| For each mode, are you able to handle the entire shipping & logistics process |  |
| Do you have central dispatch? Where is central dispatch located? |  |
| Do you have regional Reps? Who will be our point of contact? |  |
| Do reps generate quotes or is this a centralized function? |  |
| **Are you a member of any trade associations or freight forwarding networks?** |  |
| What additional services can you provide including insurance, expediting, warehousing, site services, relocations, etc. |  |

|  |  |
| --- | --- |
| **Form Completed By:** |  |
| **Signature:** |  |
| **Date:** |  |

Please include a copy of the COI and W9.