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: | | |  | | | | | |

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

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

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

|  |  |
| --- | --- |
| **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.